The girth control pill

Tepanil® Ten-tab

(continuous release form)

(diethylpropion hydrochloride)

works on the appetite not on the 'nerves'

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug; in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause *CNS effects* such as insomnia, nervousness, dizziness, anxiety, and jitteriness. In contrast, CNS depression has been reported. In a few epileptics an increase in convulsive episodes has been reported. *Sympathomimetic cardiovascular effects* reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. *Allergic phenomena* reported include such conditions as rash, urticaria, ecchymosis, and erythema. *Gastrointestinal effects* such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in midevening to overcome night hunger. Use in children under 12 years of age is not recommended.

T-006A / 1/70 / U.S. PATENT NO. 3,001,910

THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

LACTINEX®

TABLETS & GRANULES

■ **to help restore and stabilize the intestinal flora**

■ **for fever blisters and canker sores of herpetic origin**

Lactinex contains both *Lactobacillus acidophilus* and *L. bulgaricus* in a standardized viable culture, with the naturally occurring metabolic products produced by these organisms.

Lactinex has been shown to be useful in the treatment of gastrointestinal disturbances, and for relieving the painful oral lesions of fever blisters and canker sores of herpetic origin.[1,2,3,4,5,6,7,8]

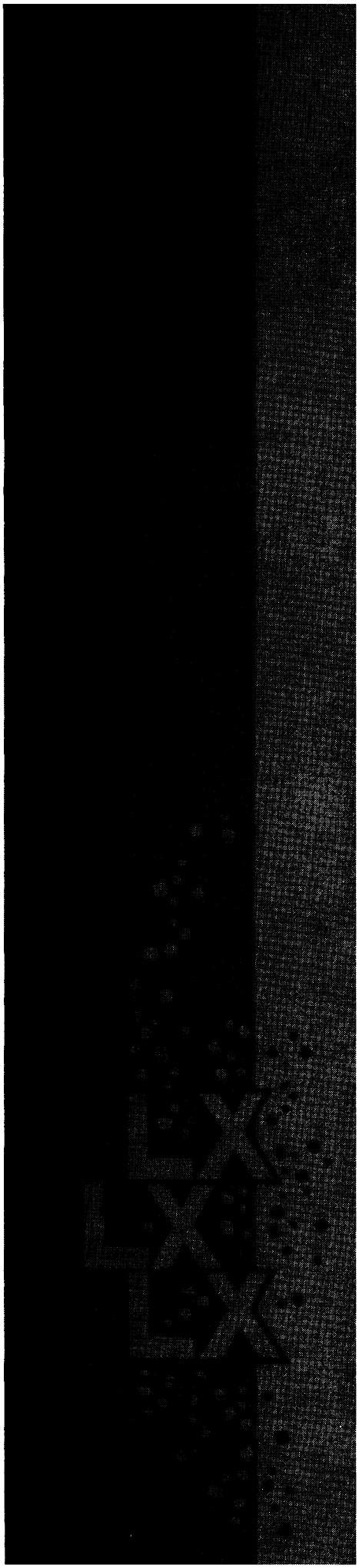
No untoward side effects have been reported to date.

Literature on indications and dosage available on request.

HYNSON, WESTCOTT & DUNNING, INC.

Baltimore, Maryland 21201

(LX-US)



References:
(1) Siver, R. H.: CMD, *21*:109, September 1954. (2) Frykman, H. H.: Minn. Med., *38*:19-27, January 1955. (3) McGivney, J.: Tex. State Jour. Med., *51*:16-18, January 1955. (4) Quehl, T. M.: Jour. of Florida Acad. Gen. Prac., *15*:15-16, October 1965. (5) Weekes, D. J.: N.Y. State Jour. Med., *58*:2672-2673, August 1958. (6) Weekes, D. J.: EENT Digest, *25*:47-59, December 1963. (7) Abbott, P. L.: Jour. Oral Surg., Anes., & Hosp. Dental Serv., 310-312, July 1961. (8) Rapoport, L. and Levine, W. I.: Oral Surg., Oral Med. & Oral Path., *20*:591-593, November 1965.

Clinical Extension of a pure Smooth Muscle Relaxant

TROCINATE®

Brand THIPHENAMIL HCl

400 mg./100 mg. S/C tablets

Trocinate relaxes all smooth muscles. Its direct action (musculotropic) does not involve the autonomic nervous system and it is not mydriatic. It is metabolized by the body and eliminated in the urine as harmless degradation products. Trocinate has a remarkable history of freedom from side-effects.

When a pure direct-acting smooth muscle relaxant is indicated, Trocinate is the drug of choice.

DIARRHEA (functional) . . . *the first 400 mg. tablet usually relieves the discomfort of diarrhea so promptly that it ceases to be a bother.*

DIVERTICULITIS—MUCOUS COLITIS . . . *the accompanying discomforts can be relieved by this direct smooth muscle relaxant.*

BLADDER SPASM . . . *relaxation is immediate. One or two tablets condition the bladder for cystoscopy in one hour.*

SPASTIC URETER . . . *the specific relaxing effect of Trocinate on the spastic ureter has been proven by animal studies and affirmed clinically. (J. Urol. 73:487-93)*

PRESCRIBING INFORMATION

WARNING: Do not give in advanced kidney or liver disease. PRECAUTIONS: Trocinate relaxes all smooth muscles. Large dosage or prolonged usage may cause feeling of weakness or can theoretically precipitate gall-bladder colic, due to relaxing the vascular and duct systems. Caution should be observed in patients with urinary bladder obstruction. DOSAGE: 400 mg. May be repeated in 4 hours. After relief, lengthen the dose frequency. (see side note)

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Double-strength Measurin timed-release aspirin offers a new kind of control for your arthritic patients. Each 10-grain tablet has over 6,000 microscopic reservoirs that release aspirin at a controlled rate—some right away and some later on. This means—fast relief, followed by long lasting relief. Throughout the day, Measurin gives your patients freedom from a 4-hour dosage schedule. Measurin can help your patients get a good night's sleep, uninterrupted by the need for an extra dose of aspirin. And, taken at bedtime, it also helps ease morning joint discomfort and stiffness.

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MEASURIN®
TIMED-RELEASE ASPIRIN
ECONOMICAL • EFFECTIVE • LONG LASTING PAIN RELIEF
Dosage: 2 tablets followed by 1 or 2 tablets every 8 hours as required, not to exceed 6 tablets in 24 hours. For maximum nighttime pain relief and to help relieve early morning stiffness, 2 tablets at bedtime.
Available: Bottles of 12, 36 and 60 tablets.

"Wouldn't a maxi be less revealing, dear?"

OBETROL®

Each OBETROL-10 tablet contains: Methamphetamine Saccharate 2.5 mg.; Methamphetamine Hydrochloride 2.5 mg.; Amphetamine Sulfate 2.5 mg.; Dextro-amphetamine Sulfate 2.5 mg.; (OBETROL-20 tablets contain twice this potency) Pat. #2748052.

for weight control

This combination of amphetamines may be useful as an adjunct in the management of certain forms of obesity where an appetite depressant is indicated.

Contraindications: Hypertension, advanced arteriosclerosis, coronary artery disease, cardiac arrhythmias, peripheral vascular disease, states of undue restlessness, anxiety, excitement, agitated depression, hyperthyroidism, idiosyncrasy to amphetamine, concomitant administration of a monoamine oxidase inhibitor. **Precautions:** Use with caution in individuals with anorexia, insomnia, vasomotor instability, asthenia, psychopathic personality, a history of homicidal or suicidal tendencies, and individuals who are known to be hyperractive to sympathomimetic agents, or emotionally unstable individuals who are known to be susceptible to drug abuse. Certain monoamine oxidase inhibitors may potentiate the action of Obetrol. **Side Effects:** The most common side effects attended with the use of amphetamines include nervousness, excitability, euphoria, insomnia, dryness of mouth, nausea, vertigo, constipation, and headache.

Dosage and Administration: Initial adult dose is one-half to one 'Obetrol-10' tablet daily, preferably one-half to one hour before meals. This may be gradually increased to one 'Obetrol-10' or 'Obetrol-20' tablet one to three times daily as indicated. **Supplied:** Tablets scored, in bottles of 100, 500, and 1000.

REQUEST SAMPLES AND LITERATURE

OBETROL PHARMACEUTICALS • BROOKLYN, N.Y. 11207

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CITY _____ STATE _____

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VōSoL® IS VIRTUALLY 100% EFFECTIVE IN SWIMMER'S EAR... BACTERIAL, FUNGAL OR BOTH

● bactericidal/fungicidal action so dependable it's virtually 100% effective in external otitis ● cidal effect is immediate against all pathogens linked to external otitis ● rapid antiinflammatory—antiinfective—antipruritic action ● no risk of antibiotic sensitivity or development of resistant strains—not an antibiotic—not a sulfonamide

For prevention and treatment of otitis externa.

VōSoL®

Otic Solution

Ingredients:
1, 2-propanediol diacetate 3.0%
acetic acid 2.0%
benzethonium chloride 0.02%
in a propylene glycol vehicle containing 0.015% sodium acetate.

When otitis externa is complicated by inflammation, seborrheic dermatitis, allergic eczema or psoriasis

VōSoL® HC

Otic Solution

Ingredients of VoSol plus 1% Hydrocortisone

INDICATIONS: VoSol: For the treatment and prevention of otitis externa. VoSol *HC:* Indicated when the otitis is complicated by inflammation or when the otitis is associated with seborrheic dermatitis, allergic eczema, psoriasis or other non-infectious conditions. PRECAUTIONS: As safety of topical steroids during pregnancy has not been confirmed, they should not be used for an extended period during pregnancy. Systemic side effects may occur with extensive use of steroids. CONTRAINDICATIONS: As with all drugs, sensitivity to any of the constituents of these preparations is a contraindication to their use; perforated tympanic membranes are frequently considered a contraindication to the use of external ear canal medication. AVAILABILITY. VoSol 15cc. VoSol *HC* 7½cc. Both preparations in measured drop, safety-tip plastic bottles.

May 1969 **WAMPOLE LABORATORIES** Div. Denver Chemical Mfg. Co., Stamford, Ct. 06904 VOAD-1

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After only one year:

Administered to more people than live in Burbank, Beverly Hills, and San Mateo.*

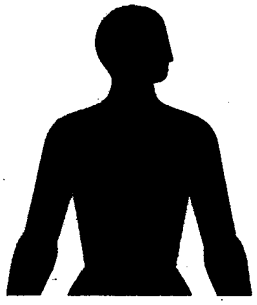
Injectable
Garamycin®
brand of gentamicin sulfate injection

*An estimated 208,000 patients have received GARAMYCIN Injectable to date. The combined population of Burbank, Beverly Hills, and San Mateo is 203,500. (Estimated 1969 figures from The New York Times Encyclopedic Almanac 1970.)

See Clinical Considerations section on last page...

Mounting acceptance in the hospital...

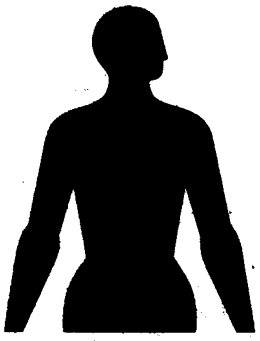
Proven clinical effectiveness



Respiratory Infections

Outstanding results in serious gram-negative respiratory infections[1,2]

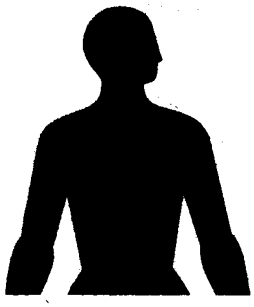
GARAMYCIN Injectable may prove successful where other antibiotics have failed.



Urinary Tract Infections

Strikingly effective in selected urinary tract infections[3]

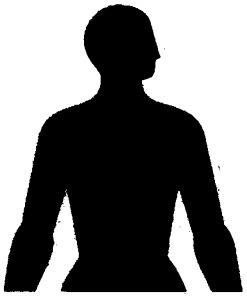
With relatively low intramuscular doses, the promptly attained levels of GARAMYCIN achieved in the urine are considerably higher than the concentrations required for effectiveness against virtually all susceptible gram-negative pathogens. (Appropriate precautions are indicated in patients with impaired renal function; consult Package Insert for full details.)



Septicemia

May be lifesaving[4-6]

Numerous investigators have drawn attention to the value of GARAMYCIN Injectable in the treatment of gram-negative septicemias, often complicated by shock. Many hospital strains of *Serratia* are susceptible.[6]



Wounds and Burns

Response may be dramatic in wounds and burns complicated by sepsis[7]

The established efficacy of GARAMYCIN Injectable against *Pseudomonas*—as well as most other gram-negative pathogens—makes it an especially useful agent in the treatment of infected wounds and burns.

Important Precautionary Note Patients receiving treatment with GARAMYCIN Injectable (gentamicin sulfate injection) should be under close clinical observation because of the toxicity associated with the use of the drug. Ototoxicity, vestibular and auditory, can occur in patients, primarily those with preexisting renal damage, treated with GARAMYCIN Injectable for longer periods or with higher doses than recommended.

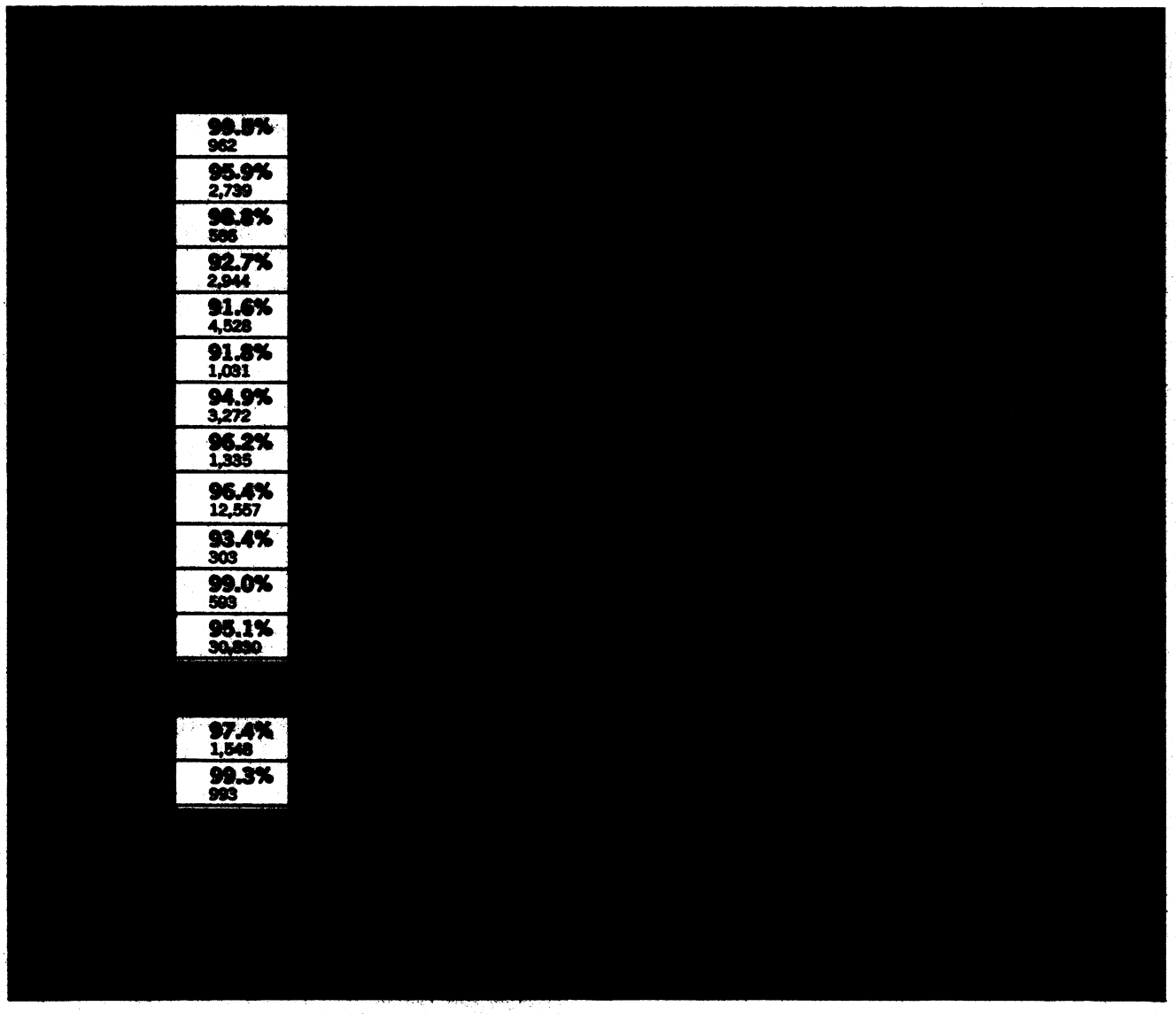
GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with preexisting renal damage.

This drug should be limited to the treatment of serious infections caused by susceptible gram-negative bacteria, with due regard for relative antibiotic toxicity. (See Clinical Considerations section.)

Mounting evidence in the laboratory...

Over 95% gram-negative pathogens sensitive*

No other antibiotic performed comparably *in vitro* against gram-negative pathogens.
In a nationwide culture audit of antibiotic sensitivity patterns, sensitivity reports from 106 hospitals, geographically representative by census tract and of varying sizes, were analyzed. During the three-month period, **every** gram-negative culture slip from **every** hospital was surveyed. The total number of cultures involved in the audit was 97,091. The total number of sensitivity determinations was 643,503.



Injectable
Garamycin®
gentamicin sulfate
injection

See Clinical Considerations section on last page...

Injectable Garamycin®
brand of gentamicin sulfate injection

Schering

ADULT DOSAGE GUIDELINES

See definitive prescribing information in Package Insert.

Patients with Normal Renal Function

Total Daily Dose (administered in two, three, or four divided doses)			
Urinary Tract Infections (due to susceptible strains of gram-negative bacteria)†	Less Severe 0.8-1.2 mg./kg. for 7-10 days	Resistant/ Moderately Severe Larger doses or additional antibacterial therapy should be considered in severe urinary tract infections or in resistant cases involving the renal parenchyma or anatomic anomaly.	Serious/Life-Threatening up to 5 mg./kg.
Other Infections including bacteremia, infected surgical wounds, severe soft tissue infections, and respiratory tract infections (due to susceptible strains of gram-negative bacteria)	3 mg./kg. for 7-10 days		

†Alkalinization of the urine may be a useful therapeutic adjunct.

Patients with Impaired Renal Function

To minimize the risk of ototoxicity in patients with impaired kidney function, only the first dose should be that normally recommended. Each subsequent dose should be half or less of that recommended for patients with normal renal function, depending upon the degree of renal impairment.

In patients with renal failure who are undergoing 14-hour hemodialysis twice weekly, administration of 1 mg./kg. GARAMYCIN Injectable at the end of each dialysis period has been suggested.

Clinical Considerations

Indications: GARAMYCIN Injectable is clinically effective in infections due to susceptible strains of gram-negative bacteria, including *Pseudomonas aeruginosa,* and species of indole-positive and indole-negative *Proteus, Escherichia coli,* and *Klebsiella-Aerobacter.* Bacteriologic studies should be conducted to identify the causative organism and to determine its sensitivity to gentamicin sulfate. Sensitivity discs of the drug are available for this purpose. If the susceptibility tests indicate that the causative organism is resistant to gentamicin sulfate, other appropriate antibiotic therapy should be instituted.

IN VITRO INHIBITION OF CLINICALLY IMPORTANT BACTERIA BY GENTAMICIN SULFATE (TUBE DILUTION STUDIES)

BACTERIA	No. of Strains Tested	No. of Strains (%) Inhibited by: 4 mcg./cc. or less		8 mcg./cc. or less*		No. of *In Vitro* Studies
Staphylococcus aureus	1,210	1,200	(99%)	1,206	(99%)	11
Pseudomonas aeruginosa	885	771	(87%)	828	(93%)	16
Escherichia coli	836	736	(88%)	779	(93%)	11
Indole-positive and indole-negative *Proteus* species	477	210	(44%)	358	(75%)	12
Klebsiella-Aerobacter species	292	205	(70%)	231	(79%)	10

*Number of strains (%) of gram-negative bacteria inhibited by 10 mcg./cc. or less are as follows: *Pseudomonas aeruginosa,* 828 (93%); *Escherichia coli,* 792 (95%); *Proteus* species, 393 (82%); *Klebsiella-Aerobacter* species, 284 (97%). From same studies as above.
Source: Package Insert

This drug should be limited to the treatment of serious infections caused by gram-negative bacteria, particularly *Pseudomonas aeruginosa, Proteus* and other susceptible organisms, with due regard for relative antibiotic toxicity. Therefore, the drug should be considered for use against gram-negative: 1. Bacteremia; 2. Infected surgical wounds; 3. Severe soft tissue infections, including burns complicated by sepsis; 4. Respiratory tract infections; and 5. Selected cases of urinary tract infection.

Contraindications: GARAMYCIN Injectable is contraindicated in individuals with a history of hypersensitivity or toxic reactions to gentamicin.

Warnings: Patients receiving treatment with GARAMYCIN should be under close clinical observation because of the toxicity associated with the use of this drug. Ototoxicity, vestibular and auditory, can occur in patients, primarily those with pre-existing renal damage, treated with GARAMYCIN Injectable, usually for longer periods or with higher doses than recommended.

GARAMYCIN Injectable is potentially nephrotoxic, and this should be kept in mind when it is used in patients with pre-existing renal impairment. Kidney function diminished by infection of the upper urinary tract may, however, improve during effective treatment with GARAMYCIN Injectable.

Concurrent administration of potentially ototoxic drugs such as streptomycin and kanamycin or of potentially nephrotoxic drugs such as polymyxin, colistin, and kanamycin with gentamicin sulfate has not been shown to afford any clinical advantages and, moreover may result in additive toxicity. Monitoring of vestibular, cochlear, and renal function will provide guidance for therapy in such cases.

Precautions: In patients with impaired renal function in whom serious infection develops, serum concentrations of the drug may rise, with consequently increased risk of ototoxicity. In these patients or in those in whom recommended dosage or duration of therapy must be exceeded as a life-saving measure, routine studies of kidney function should be performed when possible. These may be supplemented by evaluation of the vestibular and auditory function and measurement of serum concentration of the drug when feasible. Serum concentrations of gentamicin should be maintained below the range of 10-12 mcg./ml. to reduce risk of ototoxicity.

Ordinarily, treatment should not be given for more than 7 to 10 days or be repeated unless required for serious infection not responsive to other agents.

As with other antibiotics, treatment with GARAMYCIN Injectable may occasionally result in overgrowth of nonsensitive organisms. If superinfection occurs, appropriate therapy is indicated.

Safety for use in pregnancy or the potential for fetal ototoxicity or nephrotoxicity have not been established. Studies in pregnant animals have not revealed teratogenic or ototoxic effects in the fetus. GARAMYCIN Injectable should not be used in pregnant patients or in women of childbearing age unless its use is deemed advisable by the physician.

Adverse Reactions: The overall incidence of ototoxicity considered related to treatment with GARAMYCIN Injectable was 2.8 per cent (16 of 565 patients). Contributory factors (two or more factors were relevant to most patients) were as follows: 10 had azotemia, 10 received a total of 1 gram or more of the drug, 7 had recently received other potentially ototoxic antibiotics (streptomycin or kanamycin), and 5 were over 60 years of age. Six also had decreased high-tone hearing acuity, which returned to or toward normal in the 4 patients retested.

Analysis of BUN data indicated that 4 (2%) of 172 patients showed increases in BUN that were probably related to treatment with GARAMYCIN Injectable. Of 20 increases probably or possibly related to treatment, 7 were reversible, 9 occurred in terminal patients, and 4 had no follow-up.

Other adverse reactions associated with treatment were one instance each of urticaria, decreased hematocrit, and reversible depression of granulocytes with normal bone marrow. Other rarely reported and possibly treatment-related adverse reactions were anemia, increased reticulocyte count, rash, purpura, drug fever, hypotension, convulsions, twitching, salivation, nausea, vomiting, increased transaminase activity (SGOT or SGPT), increased serum bilirubin, decreased serum calcium, and joint pain.

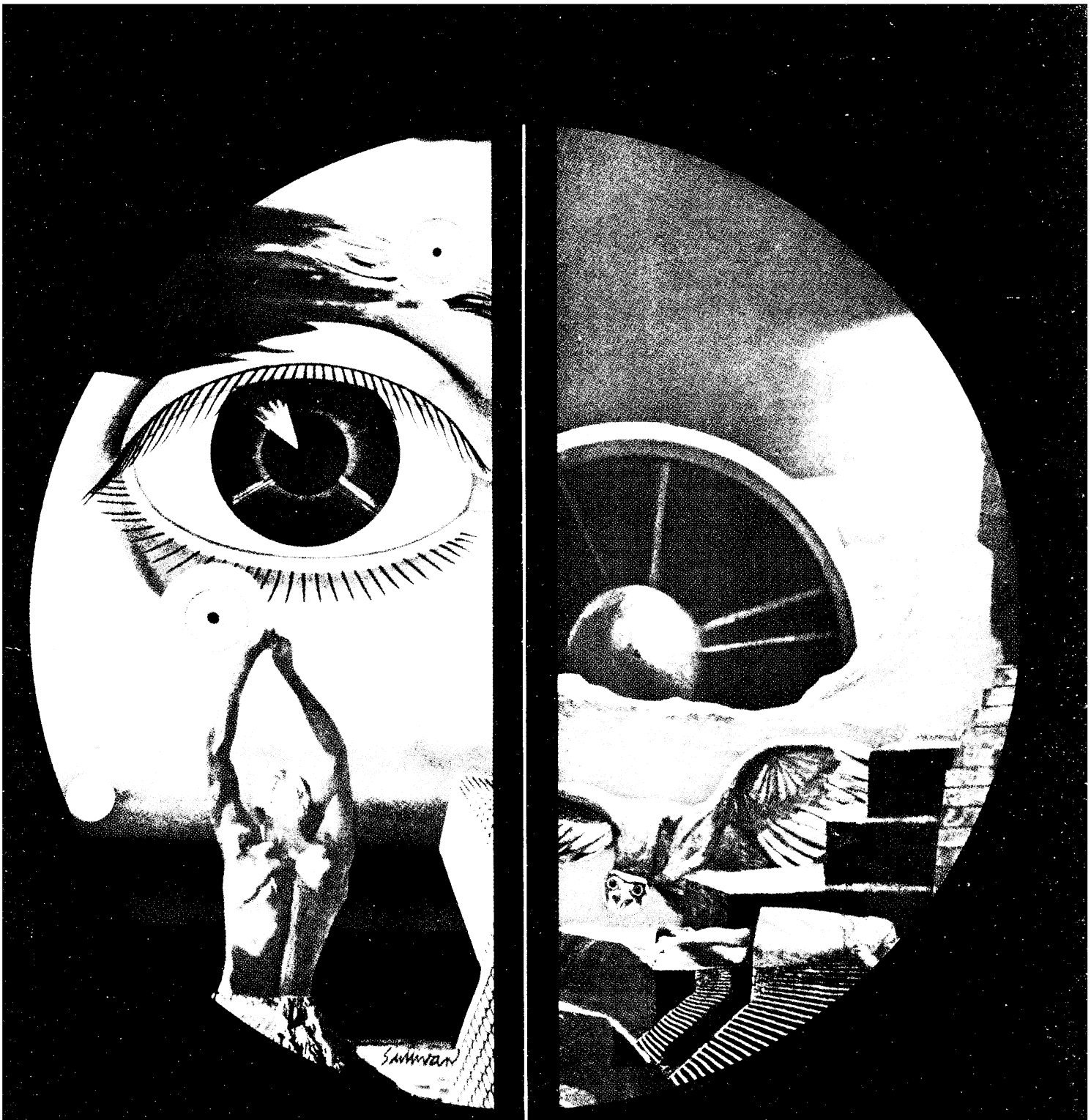
Packaging: GARAMYCIN Injectable, 40 mg./cc., 2-cc. multiple-dose vials, for intramuscular administration.

References: (1) Brayton, R. G., and Louria, D. B.: Gentamicin in gram-negative urinary and pulmonary infections, Arch. Int. Med. *114*:205, 1964.* (2) Louria, D. B.; Young, L.; Armstrong, D., and Smith, J. K.: Gentamicin in the treatment of pulmonary infections, J. Infect. Dis. *119*:483, 1969. (3) Cox, C. E.: Gentamicin, a new aminoglycoside antibiotic: Clinical and laboratory studies in urinary tract infections, J. Infect. Dis. *119*:486, 1969. (4) Groll, E.: Clinical experience with gentamicin, data from 12 German clinics, in Gentamicin: First International Symposium, Paris, January 1967, Lucerne, Essex Chemie AG, pp. 121-128.* (5) Jackson, G. G.: Laboratory and clinical investigation of gentamicin, *ibid.,* pp. 62-74. (6) Medeiros, A. E.: Discussion, J. Infect. Dis. *119*:533, 1969. (7) Polk, H.: Discussion, J. Infect. Dis. *119*:529, 1969. (8) Three-month, nationwide hospital audit by R. A. Gosselin and Co., Inc., Dedham, Massachusetts (mid-May to mid-August, 1969).

*Dosage in this investigational study was less than now recommended in Package Insert.

For more complete prescribing details, consult package insert or Physicians' Desk Reference. Schering literature is also available from your Schering Representative or Medical Services Department, Schering Corporation, Union, New Jersey 07083.

AHFS CATEGORY 8:12.28 S-029



First, there were tranquilizers for anxiety

Then, there were antidepressants for depression

NOW, Pfizer Laboratories introduces

Sinequan®
DOXEPIN HCl

The tranquilizer that is
an antidepressant.

The antidepressant that is
a tranquilizer.

The first single agent with potent
dual action...active throughout the spectrum
of psychoneurotic anxiety/depression

New Sinequan® (doxepin HCl)... in coexisting anxiety/depression

142 patients with symptoms of both anxiety and depression were treated with Sinequan—*83% of the patients showed marked, moderate, or slight improvement.*

TARGET SYMPTOMS	TOTAL	NO. OF PATIENTS IMPROVED	IMPROVEMENT MARKED	MODERATE	SLIGHT	% OF PATIENTS IMPROVED
anxiety/ depression	142	118	39	46	33	83%

In three double-blind studies comparing Sinequan and a fixed combination (perphenazine-amitriptyline), Sinequan was found to be at least as effective as—and in some cases more effective than—the combination.

New Sinequan... in prominent anxiety

238 psychoneurotic patients in whom anxiety was the most prominent symptom were treated with Sinequan *—84% of the patients showed marked, moderate, or slight improvement.*

DIAGNOSIS	TOTAL	NO. OF PATIENTS IMPROVED	IMPROVEMENT MARKED	MODERATE	SLIGHT	% OF PATIENTS IMPROVED
psychoneurotic anxiety	238	201	92	59	50	84%

In eight double-blind studies of Sinequan and either chlordiazepoxide or diazepam, Sinequan was always found to be at least as effective as—and in some cases more effective than—the tranquilizers in relieving symptoms of anxiety.

New Sinequan... in prominent depression

259 psychoneurotic patients in whom depression was the most prominent symptom were treated with Sinequan—*81% of the patients showed marked, moderate, or slight improvement.*

DIAGNOSIS	TOTAL	NO. OF PATIENTS IMPROVED	IMPROVEMENT MARKED	MODERATE	SLIGHT	% OF PATIENTS IMPROVED
psychoneurotic depression	259	210	106	72	32	81%

In five double-blind studies of Sinequan and amitriptyline, Sinequan was always found to be at least as effective as—and in some cases more effective than—the antidepressant in relieving symptoms of depression.

Data on File, Medical Research Laboratories, Pfizer Pharmaceuticals, Chas. Pfizer & Co., Groton, Conn.

Summary of clinical experience with Sinequan (doxepin HCl) in, Pitts, N.: The Clinical Evaluation of Doxepin—A New Psychotherapeutic Agent: Psychosomatics 10:164, May-June, 1969.

Adverse reactions:

Sinequan (doxepin HCl) is usually well tolerated, even in the elderly. Those side effects which do occur are generally mild.

Most frequently observed side effects

Drowsiness has been observed, usually early in the course of therapy. It tends to disappear as therapy continues.

Anticholinergic effects (including dry mouth, blurred vision, constipation) have been reported. They are usually mild and often subside with continued therapy or reduction of dose.

Infrequently observed side effects

Extrapyramidal symptoms have been infrequent and have usually occurred at high dose levels. They tend to be mild and easily controlled.

Cardiovascular effects, such as hypotension and tachycardia, have been reported infrequently.

Other infrequently reported side effects include dizziness, nausea, increased sweating, edema, nasal congestion and weight gain.

Sinequan is noneuphoriant, and no dependence has been reported to date.

Safety:

Liver disorders, blood dyscrasias, lens opacities or pigment deposits in eyes or skin have not been reported to date with Sinequan.

Contraindications:

Sinequan is contraindicated in individuals who have shown hypersensitivity to the drug, and in patients with glaucoma or a tendency to urinary retention.

Warnings:

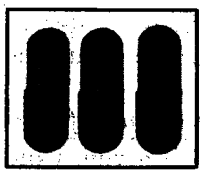
Sinequan should not be used concomitantly or within two weeks of therapy with MAO inhibitors.

Sinequan should not be used in pregnant women unless, in the judgment of the physician, it is essential for the welfare of the patient. Its use in children under 12 years of age is not recommended because safe conditions for its use have not been established.

(See last page for full adverse reactions, contraindications, warnings and precautions.)

Pfizer
LABORATORIES DIVISION
New York, N.Y. 10017

Recommended dosage:



Starting dosage—
25 mg., t.i.d.
Maximum dosage—
300 mg. per day.

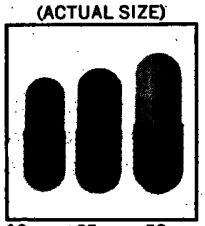
Expected activity:

Antianxiety activity is rapidly apparent, comparable to that of the benzodiazepine tranquilizers. Antidepressant activity is comparable to the tricyclic antidepressants.

How supplied:

Bottles of 100 capsules of 10 mg., 25 mg., and 50 mg.; bottles of 1000 capsules of 25 mg. and 50 mg.

(ACTUAL SIZE)



10mg. 25mg. 50mg.

NEW

Sinequan®

DOXEPIN HCl

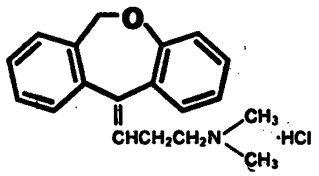
Starting dosage:
25 mg. t.i.d.

The first single agent that can be prescribed as a tranquilizer, an antidepressant...or both

SINEQUAN (Doxepin·HCl) Capsules

Description. SINEQUAN (doxepin·HCl) is a new dibenzoxepin psychotherapeutic agent with marked antianxiety and significant antidepressant activity.

Chemistry. SINEQUAN (doxepin·HCl) is a dibenzoxepin derivative and is the first of a new family of psychotherapeutic agents. Specifically, it is an isomeric mixture of N,N-Dimethyl-dibenz[b,e]oxepin-$\Delta^{11(6H)}$, γ propylamine hydrochloride.



SINEQUAN (doxepin • HCl)

Indications. In a carefully designed series of controlled studies, SINEQUAN (doxepin·HCl) has been shown to have marked antianxiety and significant antidepressant activity. SINEQUAN (doxepin·HCl) is recommended for the treatment of:

1. Patients with psychoneurotic anxiety and/or depressive reactions.
2. Mixed symptoms of anxiety and depression.
3. Alcoholic patients with anxiety and/or depression.
4. Anxiety associated with organic disease.
5. Psychotic depressive disorders including involutional depression and manic depressive reactions.

The target symptoms of psychoneurosis that respond particularly well to SINEQUAN (doxepin·HCl) include anxiety, tension, depression, somatic symptoms and concerns, insomnia, guilt, lack of energy, fear, apprehension and worry.

In those patients in whom anxiety masks the depressive state, SINEQUAN (doxepin·HCl) is of particular value since it exerts a potent antidepressant effect as well as antianxiety activity.

Patients who have failed to respond to other antianxiety or antidepressant drugs may benefit from treatment with SINEQUAN (doxepin·HCl).

Clinical experience has shown that SINEQUAN (doxepin·HCl) is safe and well tolerated even in the elderly patient.

In a large series of patients systematically observed for withdrawal symptoms, none were reported. This is consistent with the virtual absence of euphoria as a side effect and the lack of addiction potential characteristic of this type of chemical compound.

Contraindications. SINEQUAN (doxepin·HCl) is contraindicated in individuals who have shown hypersensitivity to the drug.

SINEQUAN (doxepin·HCl) is contraindicated in patients with glaucoma, or a tendency to urinary retention.

Warnings. *Usage in Pregnancy:* SINEQUAN (doxepin·HCl) has not been studied in the pregnant patient. It should not be used in pregnant women unless, in the judgment of the physician, it is essential for the welfare of the patient, although animal reproductive studies have not resulted in any teratogenic effects.

Usage in Children: The use of SINEQUAN (doxepin·HCl) in children under 12 years of age is not recommended, because safe conditions for its use have not been established.

MAO Inhibitors: Serious side effects and even death have been reported following the concomitant use of certain drugs with MAO inhibitors. Therefore, MAO inhibitors should be discontinued at least two weeks prior to the cautious initiation of therapy with SINEQUAN (doxepin·HCl). The exact length of time may vary and is dependent upon the particular MAO inhibitor being used, the length of time it has been administered, and the dosage involved.

Precautions. Since drowsiness may occur with the use of this drug, patients should be warned of the possibility and cautioned against driving a car or operating dangerous machinery while taking this drug.

Patients should also be cautioned that their response to alcohol may be potentiated.

Since suicide is an inherent risk in any depressed patient and may remain so until significant improvement has occurred, patients should be closely supervised during the early course of therapy.

Although SINEQUAN (doxepin·HCl) has significant tranquilizing activity, the possibility of activation of psychotic symptoms should be kept in mind.

Other structurally related psychotherapeutic agents (e.g. iminodibenzyls and dibenzocycloheptenes) are capable of blocking the effects of guanethidine and similarly acting compounds in both the animal and man. SINEQUAN (doxepin·HCl), however, does not show this effect in animals. At the usual clinical dosage, 75 to 150 mg. per day, SINEQUAN (doxepin·HCl) can be given concomitantly with guanethidine and related compounds without blocking the antihypertensive effect. At doses of 300 mg. per day or above, SINEQUAN (doxepin·HCl) does exert a significant blocking effect. In addition, SINEQUAN (doxepin·HCl) was similar to the other structurally related psychotherapeutic agents as regards its ability to potentiate norepinephrine response in the animal. However, in the human this effect was not seen. This is in agreement with the low incidence of the side effect of tachycardia seen clinically.

Adverse Reactions. Anticholinergic Effects: dry mouth, blurred vision, and constipation have been reported. They are usually mild, and often subside with continued therapy or reduction of dose.

Central Nervous System Effects: drowsiness has been observed. This usually occurs early in the course of treatment, and tends to disappear as therapy is continued.

Cardiovascular Effects: tachycardia and hypotension have been reported infrequently.

Other infrequently reported side effects include extrapyramidal symptoms, gastrointestinal reactions, secretory effects such as increased sweating, weakness, dizziness, fatigue, weight gain, edema, paresthesias, flushing, chills, tinnitus, photophobia, decreased libido, rash, and pruritus.

Dosage. For most patients with illness of mild to moderate severity, a starting dose of 25 mg. t.i.d. is recommended. Dosage may subsequently be increased or decreased at appropriate intervals and according to individual response. The usual optimum dose range is 75 mg./day to 150 mg./day.

In more severely ill patients, an initial dose of 50 mg. t.i.d. may be required with subsequent gradual increase to 300 mg./day if necessary. Additional therapeutic effect is rarely to be obtained by exceeding a dose of 300 mg./day.

In patients with very mild symptomatology, or emotional symptoms accompanying organic disease, lower doses may suffice. Some of these patients have been controlled on doses as low as 25-50 mg./day.

Although optimal antidepressant response may not be evident for two to three weeks, antianxiety activity is rapidly apparent.

Supply. SINEQUAN (doxepin·HCl) is available as capsules containing doxepin HCl equivalent to 10 mg., 25 mg., and 50 mg. of doxepin base in bottles of 100; and 25 mg. and 50 mg. in bottles of 1000.

Issued September 1969

Pfizer

LABORATORIES DIVISION

New York, N.Y. 10017

Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B—bacitracin—neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ⅛ oz. with ophthalmic tip.

Complete literature available on request from Professional Services Dept. PML.

'NEOSPORIN'®

brand

POLYMYXIN B-BACITRACIN-NEOMYCIN OINTMENT

BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

IN ASTHMA
IN EMPHYSEMA

optional therapy

THE mudranes

All Mudranes are bronchodilator-mucolytic in action, and are indicated for symptomatic relief of bronchial asthma, emphysema, bronchiectasis and chronic bronchitis. **MUDRANE tablets** contain 195 mg. potassium iodide; 130 mg. aminophylline; 21 mg. phenobarbital (Warning: may be habit-forming); 16 mg. ephedrine HCl. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline-phenobarbital-ephedrine combinations. **Iodide side-effects:** May cause nausea. Very long use may cause goiter. Discontinue if symptoms of iodism develop. **Iodide contraindications:** Tuberculosis; pregnancy (to protect the fetus against possible depression of thyroid activity). **MUDRANE-2 tablets** contain 195 mg. potassium iodide; 130 mg. aminophylline. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline. **Iodide side-effects and contraindications are listed above. MUDRANE GG tablets** contain 100 mg. glyceryl guaiacolate; 130 mg. aminophylline; 21 mg. phenobarbital (Warning: may be habit-forming); 16 mg. ephedrine HCl. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions** are those for aminophylline-phenobarbital-ephedrine combinations. **MUDRANE GG-2 tablets** contain 100 mg. glyceryl guaiacolate; 130 mg. aminophylline. **Dosage** is one tablet with full glass of water, 3 or 4 times a day. **Precautions:** Those for aminophylline. **MUDRANE GG Elixir.** Each teaspoonful (5 cc) contains 26 mg. glyceryl guaiacolate; 20 mg. theophylline; 5.4 mg. phenobarbital (Warning: may be habit-forming); 4 mg. ephedrine HCl. **Dosage:** Children, 1 cc for each 10 lbs. of body weight; one teaspoonful (5 cc) for a 50 lb. child. Dose may be repeated 3 or 4 times a day. Adult, one tablespoonful, 4 times daily. All doses should be followed with ½ to full glass of water. **Precautions:** See those listed above for Mudrane GG tablets.

MUDRANE—original formula
First choice

MUDRANE-2
When ephedrine is too exciting or is contraindicated

MUDRANE GG
During pregnancy or when K.I. is contraindicated or not tolerated

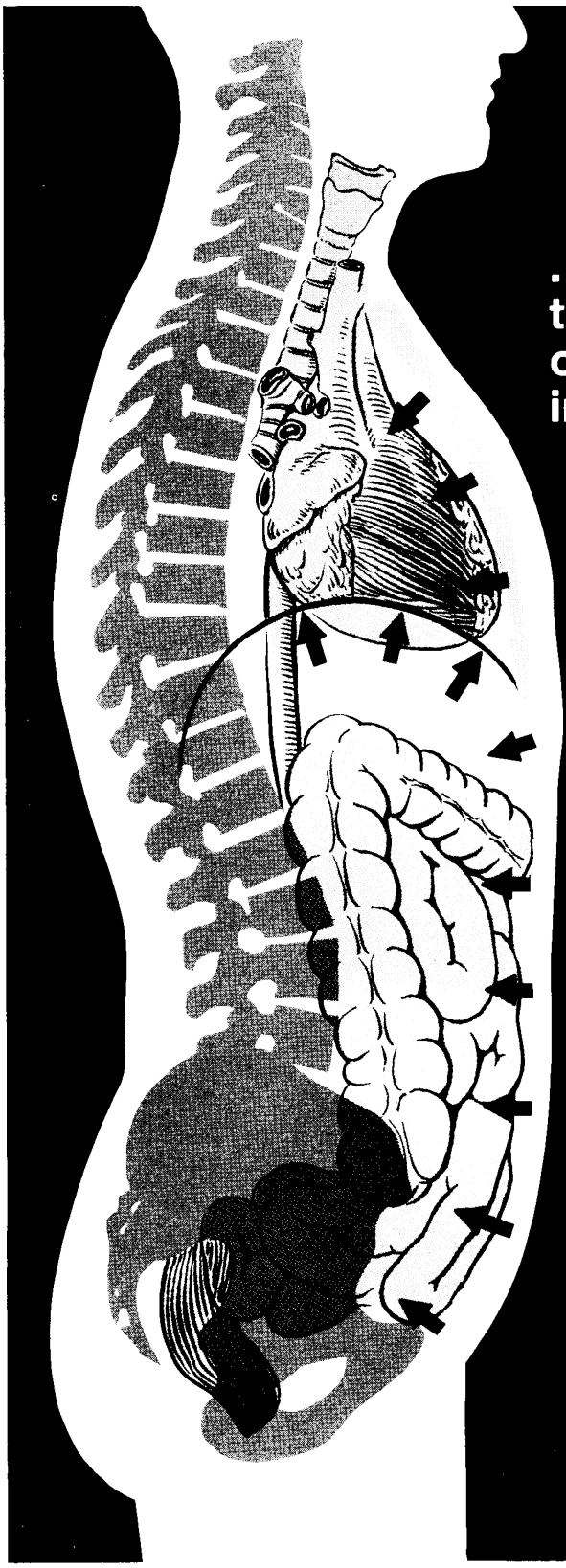
MUDRANE GG-2
A counterpart for Mudrane-2

MUDRANE GG ELIXIR
For pediatric use or where liquids are preferred

Clinical specimens available to physicians.

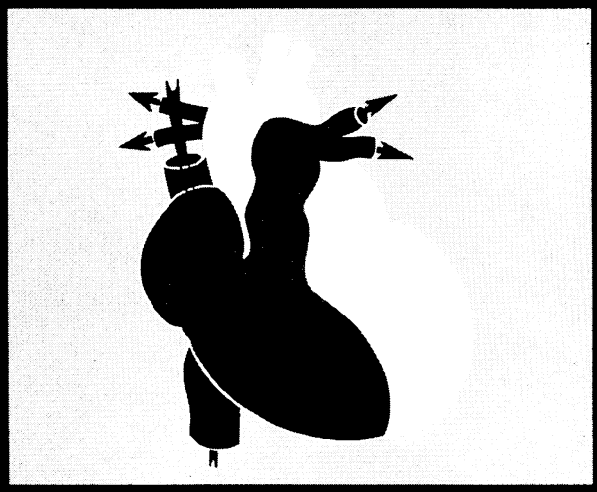
WILLIAM P. POYTHRESS & COMPANY, INC., RICHMOND, VIRGINIA 23217

Manufacturers of Ethical Pharmaceuticals



...to reduce the hemodynamic "bind" of constipation in congestive heart failure

Constipation in the chronic heart failure patient carries with it the ever-present threat of acute cardiac decompensation while straining at stool. In the already weakened, distended heart, a sudden influx of blood on termination of the Valsalva maneuver is considered to be the mechanism of some of the deaths occurring in these cardiac patients during straining efforts.*



Doxidan is a gentle laxative designed to free your patient from the hemodynamic consequences of straining at stool. With a fecal softening agent to keep the stool soft and easy to evacuate, and with just enough peristaltic stimulation to urge the sluggish bowel, Doxidan reduces the hemodynamic "bind" of constipation.

Composition: Each capsule contains 50 mg. danthron N.F. and 60 mg. dioctyl calcium sulfosuccinate.

Dosage: Adults and children over 12—one or two capsules daily. Children 6 to 12—one capsule daily. Give at bedtime for two or three days or until bowel movements are normal.

Supplied: Bottles of 30, 100 (FSN 6505-074-3169) and 1000 (FSN 6505-890-1247).

*Best, C. H. and Taylor, N. B.: *The Physiological Basis of Medical Practice*, 7th edition, Williams and Wilkins, Baltimore, 1961, p. 480.

DOXIDAN®

HOECHST
PHARMACEUTICAL CO.
Div. American Hoechst Corp.
Cincinnati, Ohio 45229 U.S.A.

C-124

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

(FORMERLY WHAT GOES ON)

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, extension 241.

ALCOHOLISM AND DRUG USE

September 19-20—**Drug Abuse.** UCSF. Saturday-Sunday.

October 3-4 — **Drugs and Other Addictions.** UCSF at Napa State Hospital, Imola. Saturday-Sunday.

MEDICINE

June 15-July 3—**Coronary Care for Physicians Training Program.** CRMP Area IV and Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three week course repeated six times through November, designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and administration, electrolytes and acid-base metabolism, emphasis on practical techniques. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, ext. 306.

June 17-18—**Exercise in Coronary Disease.** USC at Rancho Los Amigos Hospital, Downey. Wednesday-Thursday. 12 hrs.

June 22-23—**American Diabetes Association—Annual Meeting Scientific Sessions.** Sheraton-Palace Hotel, San Francisco. Monday-Tuesday. Contact: J. Richard Connelly, Exec. Dir., 18 E. 48th Street, New York 10017. (212) 752-8550.

July 5-16 — **Coronary Care Unit Program for Physicians.** CRMP Area V at Los Angeles County-USC Medical Center. Two week course repeated monthly. Arrhythmia detection, diagnosis and therapy, defibrillation and cardioversion, central venous pressure monitors, placement of pacing catheters, new aspects in diagnosis and treatment of congestive heart failure, shock and associated respiratory problems, and CCU management in community hospitals. Contact: Gladys Ancrum, Dr. P. H., Administrative Associate, CRMP Area V, 1 West Bay State St., Alhambra 91801. (213) 576-1626.

August 16-19—**The Thirteenth Annual Advanced Seminar on Internal Medicine.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Sunday-Wednesday.

September 14-18—**Internal Medicine.** UCSF and the American College of Physicians at UCSF. Monday-Friday.

September 14-October 2—**Coronary Care for Physicians Training Program.** See Medicine, June 15-July 3.

September 16 — **Tenth Annual Kidney Disease Symposium.** Kidney Foundation of Southern California at Ambassador Hotel, Los Angeles. Wednesday. $25. 8 hrs. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5529.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, Clay and Webster Streets, San Francisco 94115. (415) 931-8000.

STAN: Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-0331.

UCI: University of California — California College of Medicine, Irvine
Contact: Robert Combs, M.D., Associate Dean, University of California, Irvine—California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-6514.

UCSD: University of California, San Diego
Contact: Michael Shimkin, M.D., Associate Dean for Health Manpower, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 2704.

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, University of California Medical Center, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

September 19 — **Asthma — Adult and Child.** UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

September 19—**Fourteenth Annual Symposium on Cardiovascular Disease.** Santa Barbara and Ventura Counties Heart Associations at Biltmore Hotel, Santa Barbara. Saturday. $15. 6 hrs. Contact: Mrs. Sara Clyde, Exec. Dir., SBCHA, 18 La Arcadia Ct., Santa Barbara 93103. (805) 963-1541.

September 21-October 2—**Intensive Review of Internal Medicine.** USC at Los Angeles County-USC Medical Center, Los Angeles. Two weeks.

September 25-26—**Arthritis.** UCSF. Friday-Saturday.

September 25-26 — **Cutaneous Manifestation of Systemic Disease.** STAN. Friday-Saturday. Contact: Eugene M. Farber, M.D., Dept. of Dermatology, STAN.

October 5-16—**Coronary Care Unit Program for Physicians.** See Medicine, July 5-16.

October 7-9—**Fortieth Annual Physicians' Symposium on Heart Disease.** San Francisco Heart Association at St. Francis Hotel, San Francisco. Wednesday-Friday. $35. 18 hrs. Contact: Mrs. Frances MacKinnon, Director, Professional Education, SFHA, 259 Geary St., Room 300, San Francisco 94102. (415) 982-5753.

October 14-18 — **Advanced Seminar in Dermatology.** UCLA at El Mirador Hotel, Palm Springs. Wednesday-Sunday.

October 16-17—**Pediatric Nephrology.** UCSF. Friday-Saturday.

October 16-17—**Physical Medicine and Rehabilitation.** UCSF. Friday-Saturday.

October 17—**Liver Disease.** PMC. Saturday.

October 22-25 — **California Society of Internal Medicine: 1970 Annual Meeting.** Del Monte Hyatt House, Monterey. Thursday-Sunday. $10 nonmembers. 10 hrs. Contact: Cynthia Bell, Exec. Sec., CSIM, 350 Post St., San Francisco 94108. (415) 362-1548.

October 25-30—**American College of Chest Physicians.** Century Plaza Hotel, Los Angeles. Sunday-Friday. Contact: Alfred Soffer, M.D., Exec. Dir., ACCP, 112 E. Chestnut St., Chicago 60611. (312) 787-4933.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $100 (52 issues). Contact: USC.

Continuously—**Training in the Procedure of Tonometry.** Northern California Society for the Prevention of Blindness at the Glaucoma Screening Clinic, San Francisco. Weekly Saturday morning program in tonometry for internists and general practitioners. Advance appointment required, no charge. 3 hrs. Contact: Frederic S. Weisenheimer, Ed.D., Exec. Dir., NCSPB, 4200 California Street, San Francisco 94118. (415) 387-0934.

Continuously — **Medico-Surgical Cardiovascular Seminar.** Palo Alto Veterans Administration Hospital, Palo Alto. First Thursday of each month, lectures, demonstrations, seminar discussions, and rounds. Designed specifically for a selected group of physicians from the Fresno area. Other physicians invited to participate. Contact: William Angell, M.D., Division of Cardiovascular Surgery, Dept. of Surgery, Palo Alto V.A. Hospital, 3801 Miranda Avenue, Palo Alto 94306. (415) 326-5600.

Continuously—**Coronary Care Unit Training for Physicians.** CRMP Area VI and San Bernardino County General Hospital at San Bernardino County General Hospital. Four week courses at monthly intervals, scheduled by arrangement. For practicing physicians working in and directing CCU's. Bedside care, electrocardiography, physical diagnosis, clinical history, therapy, insertion of pacemakers, cardioversion. 160 hrs. Contact: Carl L. Cook, Jr., M.D., San Bernardino County General Hospital, 780 E. Gilbert St., San Bernardino 92404. (714) 885-3411.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Bedside conferences, clinical care and management. Hemodialysis, peritoneal dialysis, renal biopsy and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodolgy of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George G. Burton, M.D., LLU.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Wednesdays

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

Thursdays

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, V.A. Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology Grand Rounds. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

October 12-23—**Mental Retardation Workshop.** UCLA and Pacific State Hospital, Pomona, at UCLA Neuropsychiatric Institute. Two weeks. For physicians and allied professionals. Causation, symptomatology, care, treatment and management, diagnostic techniques suitable for office practice, parental reactions and intrafamily psycopathology, recent research findings. 80 hrs. Contact: UCLA.

OBSTETRICS AND GYNECOLOGY

June 20—**Therapeutic Abortions.** USC at Los Angeles County-USC Medical Center, Los Angeles. Saturday. Current legal and procedural problems, role of psychiatric evaluation, amniofusion and suction curettage. $25. 3 hrs.

August 9-12 — **The Third Annual UCLA Seminar on Obstetrics and Gynecology.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Sunday-Wednesday.

September 17—**Diabetes in Pregnancy.** USC at Los Angeles County-USC Medical Center, Los Angeles. Thursday.

September 24-27—**American College of Obstetricians and Gynecologists—District VIII Meeting.** Newporter Inn, Newport Beach. Thursday-Sunday. Contact: Keith C. White, M.D., 911 E. San Antonio Dr., Long Beach 90807. (213) 423-6417.

October 2-3 — **The Office Practice of Obstetrics and Gynecology.** UCSF at Hilton Hotel, San Francisco. Friday-Saturday.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

Fridays

8 a.m., Auditorium, Orange County Medical Center. UCI.

PEDIATRICS

June 19-21—**Southern California Postgraduate Meeting.** Childrens Hospital of Orange County. Friday-Sunday. Neonatology; Genetics and Inborn Errors of Metabolism; Growth and Endocrinology; Gastroenterology and Shock. $35. 17 hrs. Contact: Merl J. Carson, M.D., Childrens Hospital of Orange County, 1109 W. La Veta, Orange 92668. (714) 538-8831.

June 24-26—**Annual Pediatric Seminar—The First Ten Months of Life.** Childrens Health Center, San Diego. Wednesday-Friday. $25. 15 hrs. Contact: David L. Chadwick, M.D., Medical Director, 8001 Frost Street, San Diego 92123. (201) 277-5808.

September 23-24—**Annual Brennemann Memorial Lectures.** Los Angeles Pediatric Society at Sportsmans Lodge, North Hollywood. Wednesday-Thursday. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 753-3704.

October 3-4—**Health of the School Child.** UCSF. Saturday-Sunday.

October 14—**Newborn Infant Care.** USC. Wednesday. 6 hrs.

October 17-22—**American Academy of Pediatrics.** Hilton Hotel, San Francisco. Saturday-Thursday. Contact: Robert G. Frazier, M.D., Exec. Dir., AAP, 1801 Hinman Ave., Evanston, Ill. 60204. (312) 869-4255.

October 31-November 1—**What Are Potentials for Preschool Child's Needs?** UCSF. Saturday-Sunday.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:30 a.m., Room M104, Stanford University Medical Center, Stanford.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

Infectious Disease Grand Rounds. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

June 26-28—**Comparative Psychotherapies.** USC Division of Postgraduate Psychiatry at Sahara Tahoe Hotel, Lake Tahoe. Friday-Sunday. $35. Contact: Donald

F. Naftulin, M.D., Director, Division of Postgraduate Psychiatry, USC. (213) 225-1511, ext. 336.

September 23-26—**American Academy of Psychosomatic Medicine.** St. Francis Hotel, San Francisco. Wednesday-Saturday. Contact: Edwin Dunlop, M.D., 150 Emory St., Attleboro, Mass. 02703. (617) 222-2600.

September 29-October 20 — **Conflict: Man Against the System.** UCLA. Tuesday evenings. Psychiatric discussions of character disorders as shown in films.

September 29-December 15 — **Psychodynamics of Behavior.** UCLA. Tuesday evenings.

October 2-4 — **Marriage Counseling Program.** UCSF at St. Francis Hotel, San Francisco. Friday-Sunday.

October 17-18—**Depression.** UCSF at Mendocino State Hospital, Talmage. Saturday-Sunday.

October 19-23—**Group Therapy.** UCSF at VA Hospital, San Francisco. Monday-Friday.

October 24—**Approaches to Self Destruction.** UCSF. Saturday.

RADIOLOGY—PATHOLOGY

October 3 — **Scintillation Camera Workshop.** UCSF. Saturday.

Continuously—**Principles and Clinical Uses of Radioisotopes. UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.**

Continuously — **Mammography.** UCSF Mammography Section, Department of Radiology. Three days weekly, beginning with Tuesday. Call several days in advance. Contact: Richard H. Gold, M.D., Mammography Section, Department of Radiology, UCSF. (415) 666-1918.

Grand Rounds—Radiology

Fridays

Neuroradiology Grand Rounds. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, V.A. Hospital, Palo Alto, STAN.

SURGERY—ANESTHESIOLOGY

June 25-27—**1970 Stanford Ophthalmology Conference.** STAN. Thursday-Saturday. Diseases of conjunctiva and cornea, retina and choroid, practical aspects of ocular physiology and bacteriology. $100. 17 hrs. Contact: Jerome Bettman, M.D., Division of Ophthalmology, A227, Dept. of Surgery, STAN.

July 1-August 29—**Stanford Basic Course in Ophthalmology.** STAN. Two months. Sections in Biochemistry, Physiology, Embryology and Genetics, Microbiology and Immunology, Neuro-opthalmology and Neuroanatomy, Optics and Theory of Refraction, Motility, Pharmacology and Toxicology. $550. 227½ hrs. Contact: Jerome Bettman, M.D., Division of Ophthalmology, A227, Dept. of Surgery, STAN.

July 5-17—**Temporal Bone Dissection Course.** Los Angeles Foundation of Otology, Los Angeles. Two week course demonstrating multiple approaches to structures of the temporal bone. Televised surgery correlated with dissections, lectures and motion picture demonstrations. Dissection in temporal bone laboratory over closed circuit televison, student supervision. $1,000 Otologists, $500 Residents. 106 hrs. Course repeated in October, 1970. Contact: Jack L. Pulec, M.D., Los Angeles Foundation of Otology, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

July 18—**Clinical Electronystagmography Course.** Los Angeles Foundation of Otology, Los Angeles. Saturday. Physicians urged to bring ENG Technician for special instruction. Anatomy and Physiology of Vestibular System, Demonstration of Technique of Vestibular Stimulation and ENG Recording and Calculation, Significance of and Interpretation of Electronystagmogram, Discussion of Cases, Vistas in Vestibular Investigation. $60. 6½ hrs. Contact: Jack L. Pulec, M.D., Los Angeles Foundation of Otology, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

July 30-August 1—**Strabismus Conference.** PMC Department of Ophthalmology at PMC. Thursday-Saturday. Surgical Diagnosis and Treatment, Follow-up. Emphasis of surgical technique through motion picture. $125. Contact: Wayne L. Erdbrink, M.D., Director of Residency Training, Dept. of Ophthalmology, PMC.

August 3-5—**The Knee in Sports.** American Academy of Orthopaedic Surgeons at Hilton Hotel, San Francisco. Monday-Wednesday. $150. 20 hrs. Contact: Fred H. Behling, M.D., 300 Homer Avenue, Palo Alto 94301. (415) 321-4121.

August 19-23—**Advanced Seminar in Urology.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday.

August 26-28—**Keratoplasty Conference.** PMC Department of Ophthalmology at PMC. Wednesday-Friday. Planned for practicing ophthalmologists, improvement of surgical technique in corneal transplants and other aspects of keratoplasty. $125. Contact: Wayne L. Erdbrink, M.D., Director of Residency Training, Dept. of Ophthalmology, PMC.

October 4-9—**American Society of Plastic and Reconstructive Surgery.** Century Plaza Hotel, Los Angeles. Sunday-Friday. Contact: Peter Randall, M.D., Gen. Sec., 18 Laughlin Lane, Philadelphia 19118. (215) 247-1797.

October 18-30—**Temporal Bone Dissection Course.** See Surgery, July 5-17.

Grand Rounds—Surgery

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

Thursdays

Neurology and Neurosurgery Grand Rounds. 11:00-12:15. Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, V.A. Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

June 17—**Income Maintenance Predicated on Reproductive Responsibility: A New Approach To The Prevention of Mental Illness Due to Ignorance, Poverty, and Overcrowding.** Agnews State Hospital, San Jose. Wednesday. 1½ hrs. Contact: J. Elizabeth Jeffress, M.D., Agnews State Hospital, San Jose 95114. (408) 262-2100.

June 21-25 — **American Medical Association.** Palmer House, Chicago. Sunday-Thursday. Contact: Ernest B. Howard, M.D., Exec. Vice-Pres., AMA, 535 N. Dearborn St., Chicago 60610. (312) 527-1500.

July 15—**The Tenth Annual UCLA Seminar for General Practitioners.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday.

July 5-6—**Short Course on Liquid Scintillation Counting for Radioisotope Measurement.** UCSF. Sunday-Monday.

July 7-10—**International Conference on Organic Scintillators and Liquid Scintillation Counting.** UCSF. Tuesday-Friday.

July 19—**Medical Management and Rehabilitation of the Handicapped: A Symposium for Medical Assistants.** UCSF. Sunday. $12.50.

CMA Postgraduate Institutes and Circuit Courses

June 18-20—**Sacramento Valley Counties Regional Postgraduate Institute.** CMA, UCLA and Sacramento County Medical Society at Cal Neva Lodge, North Lake Tahoe. Thursday-Saturday. Cerebral Vascular Disease including Rehabilitation and the Surgical and Medical Management of Cardiac Disease, Delivery of Health Care in the '70s. $20. 12 hrs. Contact: CMA.

July 20-24 — **Hospital Information Systems: Techniques and Applications.** University of Southern California at Olin Hall of Engineering, University of Southern California. Monday-Friday. Emphasis on use of computer techniques in intensive care units, diagnostic aids, clinical laboratories, patient care, medical research, multiphasic screening. $275. 40 hrs. Contact: William D. Campbell, Noncredit Programs, Administration Building, Room 355, University of Southern California, University Park, Los Angeles 90007. (213) 746-2418.

August 15-26 — **Thirteenth Annual Postgraduate Refresher Course in Honolulu and Kauai.** USC and the University of Hawaii School of Medicine at Royal Hawaiian Hotel, Tripler General Hospital, Kauai Surf Hotel, Surf Rider Hotel, and Princess Kaiulani Hotel. One and a half weeks. Shock, Adolescence, Spatial ECG, Pharmacology, Psychiatry, Orthopedics, Endocrinology, Surgery, Cardiology, Arrhythmias, Obstetrics and Gynecology, Obesity, Neurology, Emergency Care, Diabetes, Medicine, Pediatrics. 26 hrs. Contact: USC.

August 23-27 — **American Society for Pharmacology and Experimental Therapeutics.** Stanford University, Stanford. Sunday-Thursday. Contact: Ellsworth B. Cook, Ph.D., 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-3200.

September 10-12—**National Conference for Pharmacy.** UCSF. Thursday-Saturday.

September 20-23 — **American Association of Medical Clinics.** St. Francis Hotel, San Francisco. Sunday-Wednesday. Contact: Edwin P. Jordon, M.D., P.O. Box 58, Charlottesville, Va. 22902. (703) 295-9470.

September 23-26—**American Academy of Psychosomatic Medicine.** See Psychiatry, September 23-26.

September 25-27 — **Prevention of Iatrogenic Disease.** California Medical Association—California Nurses Association—California Council of Hospital Pharmacists. Disneyland Hotel, Anaheim. Friday-Sunday. 12 hrs. Contact: Eugene Miller, M.D., CMA.

September 28-October 2—**American Academy of General Practice.** Civic Auditorium, Brooks Hall, Fairmont and Mark Hopkins Hotels, San Francisco. Monday-Friday. Contact: Mac F. Cahal, M.D., Volker Blvd. at Brookside, Kansas City 64112. (816) 531-0377.

September 30-October 1 — **American Medical Association—Thirtieth Annual Congress on Occupational Health.** Century Plaza Hotel, Los Angeles. Wednesday-Thursday. Contact: Louis R. Skiera, Asst. Dir., 535 N. Dearborn St., Chicago 60610. (312) 527-1500, ext. 482.

October 2-3—**Western Industrial Medical Association.** Century Plaza Hotel, Los Angeles. Friday-Saturday. Contact: B. H. Bravinder, Exec. Dir., WIMA, 2180 Milvia St., Berkeley 94704. (415) 845-3355.

October 4 — **A Symposium for Medical Assistants.** UCSF. Sunday.

October 6-December 1—**Evening Lectures in Medicine.** UCSF at Oakland Hospital, Oakland. Tuesday evenings, except November 3.

October 21-24—**National Hemophilia Foundation.** Beverly Hilton Hotel, Beverly Hills. Wednesday-Saturday. Contact: John Walsh, Vice-Pres., NHF, 25 W. 39th St., New York 10018. (212) 279-8397.

THE SANTA CLARA COUNTY MEDICAL SOCIETY

invites you to participate in

A GOURMET'S DELIGHT

SEPTEMBER 1970

A Wine-Tasting Tour of the Romantic Rhineland and the Exotic Chateaux Country of France — in conjunction with the Seminar Congresses to be held at the University of Vienna (sponsored by the American Medical Society-Vienna).

Enjoy luxurious accommodations in deluxe castle hotels, chateaux and spas, as you tour through the valleys of the Rhone, Loire, Rhine, Moselle and the Seine, visiting the most famous vineyards and the enchanting medieval towns along the way. . . . History becomes legend, fantasy becomes fact as you travel backwards through time to the 12th century storybook town of Rothenburg ob der Tauber. In France you will visit a hospital which has been receiving patients since it was first built in 1450; also, the first wine-producing area, planted by the Greeks in 600 B.C. Superb gastronomy will be the order of the day at world-famous restaurants such as "La Pyramide" and "Hostellerie de la Poste."

Tour #1 — Departs San Francisco via Pan American Airways 747 jet Sept. 14 and returns Sept. 28. Two-week all-inclusive tour price $778.00*

Tour #2 — Departs San Francisco on the same flight Sept. 14 and returns on Oct. 7. Three-week all-inclusive tour price: $1111.00*

*Based on affinity-group rate, 80 passengers traveling together on the Transatlantic flights. Add $26.00 to tour prices for 40-passenger rate.

OPEN TO MEMBERS AND THEIR IMMEDIATE FAMILIES. AIR TRANSPORTATION ONLY IS AVAILABLE — at the rate of $326.00 round-trip San Francisco/Paris, based on affinity-group rate for 80 passengers; $352.00 based on 40 passengers. Children (2-11 years of age) pay 50% of the adult fare; infants—10%.

A deposit of $100.00 per person will hold a reservation for you. Complete the form below and mail today with your check to:

Santa Clara County Medical Society Tour, 700 Empey Way, San Jose, Ca. 95125

APPLICATION FOR MEMBERSHIP

I/we do hereby apply for membership in the Santa Clara County Medical Society European Tour '70 as follows:

Tour # . . . . . Transportation only . . . . . .

Member of . . . . . County Medical Society . . . . . Date . . . . . .

Name . . . . . .

Accompanying members . . . . . .
Give ages of children.

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Amount enclosed $ . . . . . Send registration form for seminar . . . . . .

Send detailed itinerary . . . . . .

(Rates are based on current tariffs and rate structures and are subject to change without notice.)
Refund of deposit up to 30 days before departure

Yesterday, he had another dizzy spell.

(Did he mention it when you checked his glucose tolerance?)

A dizzy spell now and then... an increase in irritability... a few gaps in his memory: The early warnings of cerebrovascular disease are often subtle, easy for the patient to dismiss.

But they are by no means uncommon.

You are most likely to detect them, of course, in the diabetic, the hypertensive, the cardiac patient... surprisingly often during their forties and fifties.

Detecting these warnings, however, may require careful questioning, sometimes of the family as well as the patient. You can't always trust the patient to speak of them spontaneously.

It pays to be suspicious. Early diagnosis of transient ischemia means more viable vascular muscle capable of responding to the direct spasmolytic and dilating action of Cyclospasmol... a better chance to protect and maintain adequate cerebral circulation.

Cyclospasmol has a smooth, gradual onset of action... chances for the desired result increase with continued use... it is notably free of adrenergic, cardiostimulant and other unwanted effects.

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PHYSICIANS FOR LIFE INSURANCE EXAMINATIONS—all areas of Southern California. Contact: Edward B. Frankel, M.D., 5203 Lakewood Boulevard, Lakewood, California 90712. Phone: (213) 531-7420.

RESIDENTS WANTED—Obstetrics-Gynecology—New program approved for three years seeks two first year residents to start July 1, 1970. Affiliated with nearby university medical school. Contact Albert J. Kahane, M.D., Chief, Department of Obstetrics-Gynecology, Kaiser Foundation Hospital, 2025 Morse Ave., Sacramento, Ca. One and a half hours from San Francisco and Sierra ski resorts.

PHYSICIANS WANTED for 450 bed general hospital. Veterans Home, Napa Valley. One position now available for internist or generalist. Vacancies are occurring in the medical staff and will occur with increasing frequency in the next several months. Interested physicians should contact Dr. Lloyd E. Gould, Manager, Veterans Home, Yountville, Ca. 94599. Telephone (707) 944-2422.

INTERNIST WITH SUB-SPECIALTY—Opening for association with internist-cardiologist in San Francisco Bay Area. Guaranteed starting salary. Adjacent to new hospital with excellent facilities. Contact: Robert V. Lamppert, M.D.., 15955 Samaritan Drive, San Jose, Ca. 95124.

PART TIME PHYSICIAN for desert Medical Clinic for months of July and August, 1970. Robert Bingham, M.D., 13630 Mountain View, Desert Hot Springs, Ca. 93340.

INTERNIST TO JOIN 3 established internists with subspecialties. University affiliations. Los Angeles suburb. Terms open. Box 9220, California Medicine.

INTERNIST FOR STAFF position on 101-bed Medical Service of GM&S hospital located in city of 100,000. Excellent fringe benefits and retirement program. Congenial colleagues. Pleasant climate. Ideal place to raise family; quarters available. Contact Fred Nolan, M.D., Chief of Staff, Veterans Administration Center, Boise, Ida. 83707. Phone (208) 342-3681.

OBSTETRICIAN-GYNECOLOGIST: To serve in a neighborhood health center functioning as a collaborative family oriented group within a predominantly black suburban California community 3 miles from a major university medical center. Opportunity for clinical faculty appointment. Attractive salary scale, based on experience and credentials. **PHYSICIANS TO PROVIDE AMBULATORY SERVICES TO ADULTS:** Internists or well-qualified general practitioners. To participate, full-time, in a family-centered health team approach within a predominantly black suburban California community situated 3 miles from a major university medical center. Opportunity for clinical faculty teaching. Attractive salary scales, based on experience and credentials. Contact: Administrator, East Palo Alto Neighborhood Health Center, 2111 University Ave., East Palo Alto, Ca. 94303.

PSYCHIATRIST WANTED. Full time adult, child or community; income and association open. Board eligible or certified. Call collect (213) 271-5772, Beverly Hills, Ca.

ANTIOCH - CONTRA COSTA COUNTY: Congenial group, located near San Francisco, seeking GP who has completed military obligation. Predominately office practice with minor surgery (if desired), no OB, good hours (40-hour week), limited night calls, annual educational leave and vacation, consults easily accessible, liberal fringe benefits, weekly clinical conference (with specialists). Salary to start, with annual increases leading to partnership (if mutually acceptable). Contact: Charles M. Woods, M.D., Permanente Medical Group, 3400 Delta Fair Blvd., Antioch, Ca. 94509.

BAKERSFIELD. Full-time board certified or eligible psychiatrist for a community mental health center providing the five basic services. Multidisciplinary approach to treatment provides excellent opportunity for innovation and creativity. Salary base is $28,000 dependent on qualifications and experience, plus annual increments and fringe benefits. California license or eligibility. Near many beautiful mountains and lake recreation areas. Contact Sigmund A. Kosewick, M.D., Kern View Hospital, 3600 San Dimas St., Bakersfield, Ca. 93301 or call collect (805) 327-7621.

PSYCHIATRIST: For active Community Mental Health Service. Parcipate in all phases of busy treatment, consultation, rehabilitation programs. Young, enthusiastic, innovative staff of 30 workers, all disciplines. Private practice permitted. Magnificent coastal setting in spectacular sports area with abundant hunting, fishing, skiing, etc. in immediate vicinity. Starting at $24,000 with substantial increase expected first year. Write Director, Humboldt County Mental Health Services, 2200 Harrison Avenue, Eureka, Ca. 95501.

(Continued on page 38)

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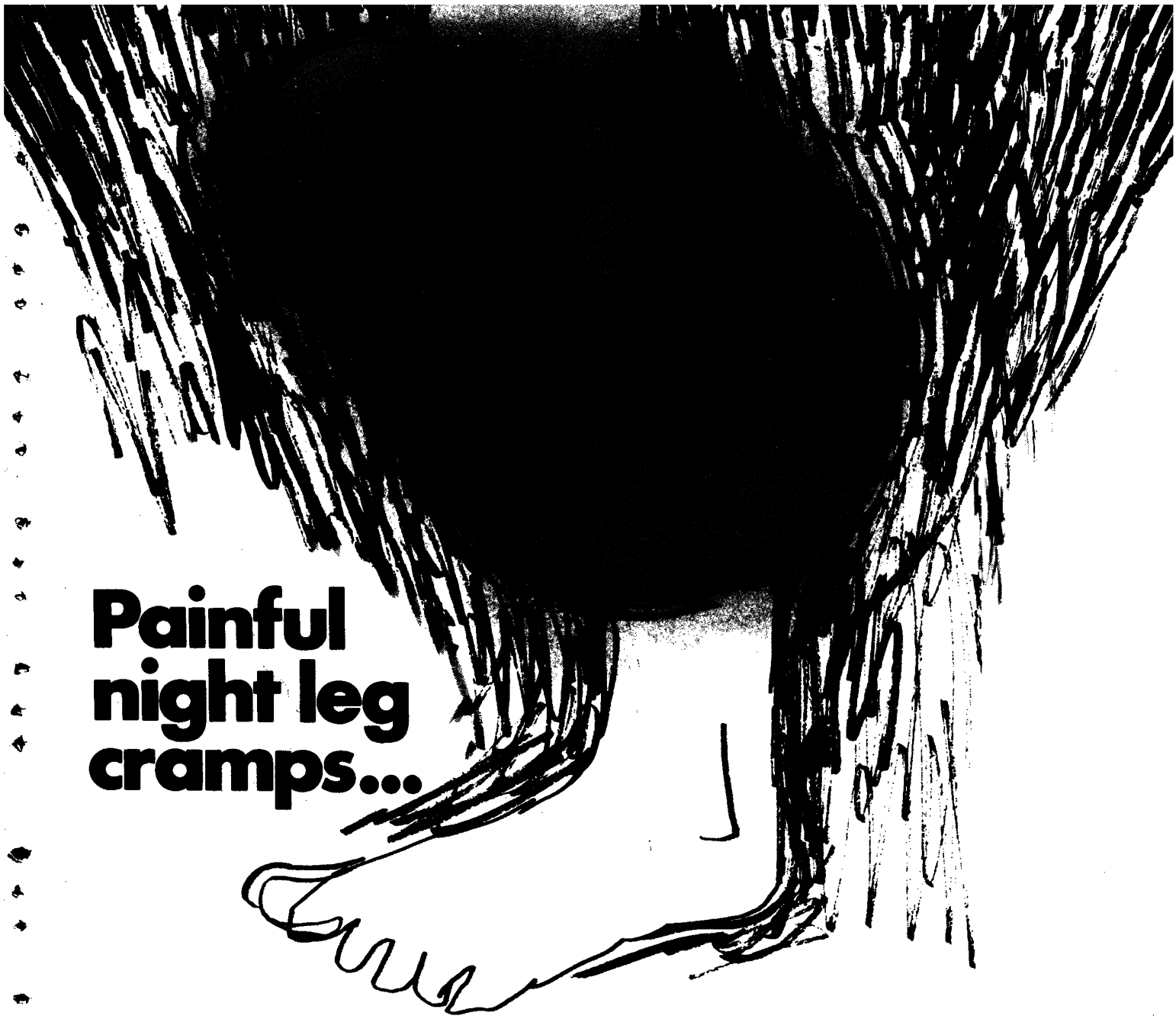

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unwelcome bedfellow for any patient– including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

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(quinine sulfate 260 mg., aminophylline 195 mg.)

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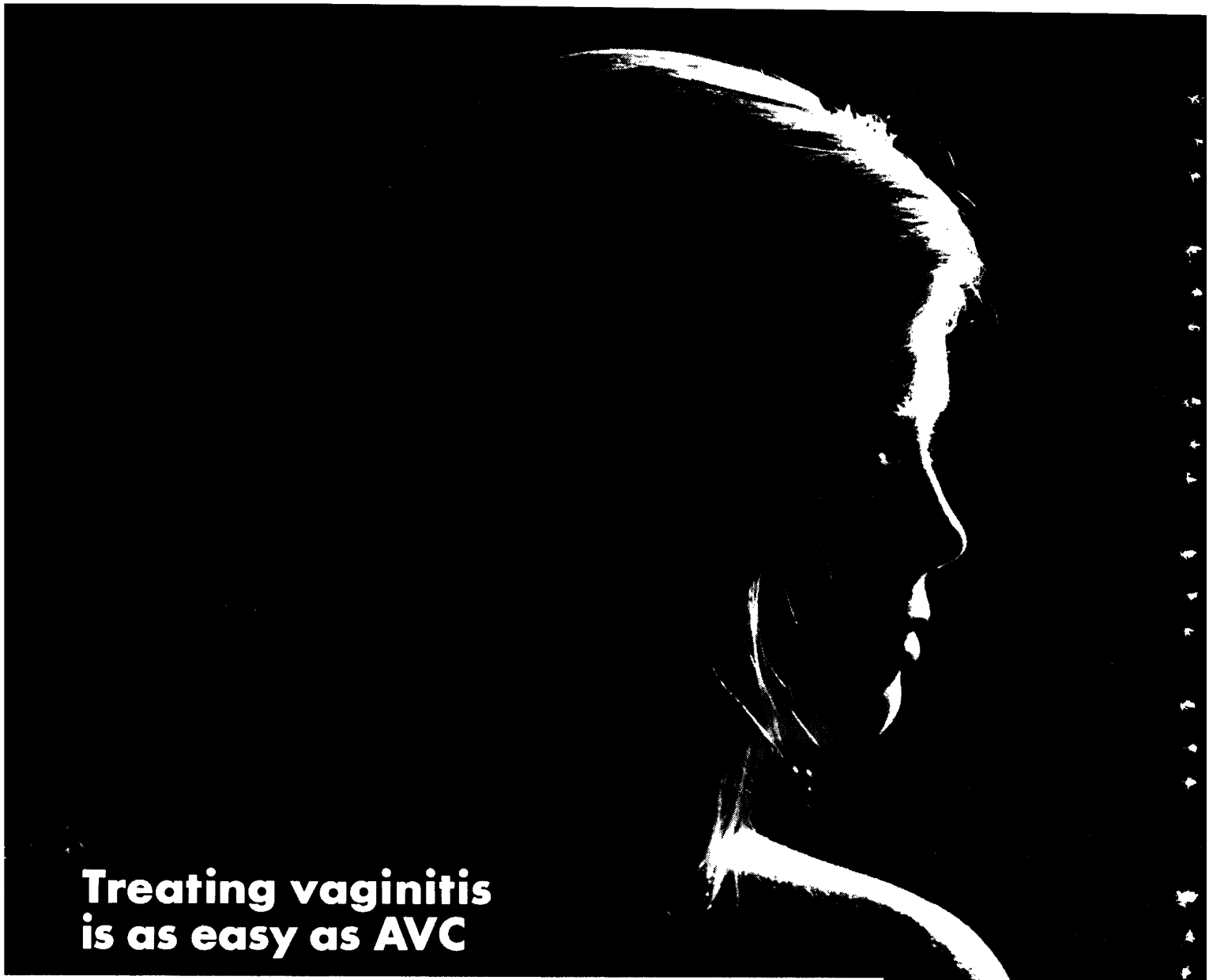

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Monilia emerging as a major therapeutic problem –
recent studies report increased incidence, attributed in part to the use of oral contraceptives,[1-4] broad-spectrum antibiotics[5-9] and prolonged use of corticosteroids.[7]
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Dosage: One applicatorful or one suppository intravaginally once or twice daily.
Supplied: Cream – Four-ounce tube with or without applicator. Suppositories – Box of 12 with applicator.

References: 1. Gardner, H. L.: J. Miss. M.A. 8:529, 1967. 2. Porter, P. S., and Lyle, J. S.: Arch. Dermat. 93:402, 1966. 3. Walsh, H.; Hildebrandt, R. J., and Prystowsky, H.: Am. J. Obst. & Gynec. 93:904, 1965. 4. Vaginitis and the Pill: J.A.M.A. 196:731, 1966. 5. Guerriero, W. F.: South. M.J. 56:390, 1963. 6. Seelig, M. S.: Am. J. Med. 40:887, 1966. 7. To-day's Drugs, New York, Grune & Stratton, Inc., 1965, p. 316. 8. Gray, L. A., and Barnes, M. L.: Am. J. Obst. & Gynec. 92:125, 1965. 9. Salerno, L. J.; Ortiz, G., and Turkel, V.: Vaginitis: A Diagnostic and Therapeutic Approach, Scientific Exhibit, presented at the 115th Annual A.M.A. Convention, Chicago, Illinois, June 1966. 10. Walsh, J. C.; Sheffery, J. B., and Wilson, T. A.: Med. Ann. D.C. 37:358, 1968. 11. Nugent, F. B., and Myers, J. E.: Pennsylvania Med. 69:44, 1966.

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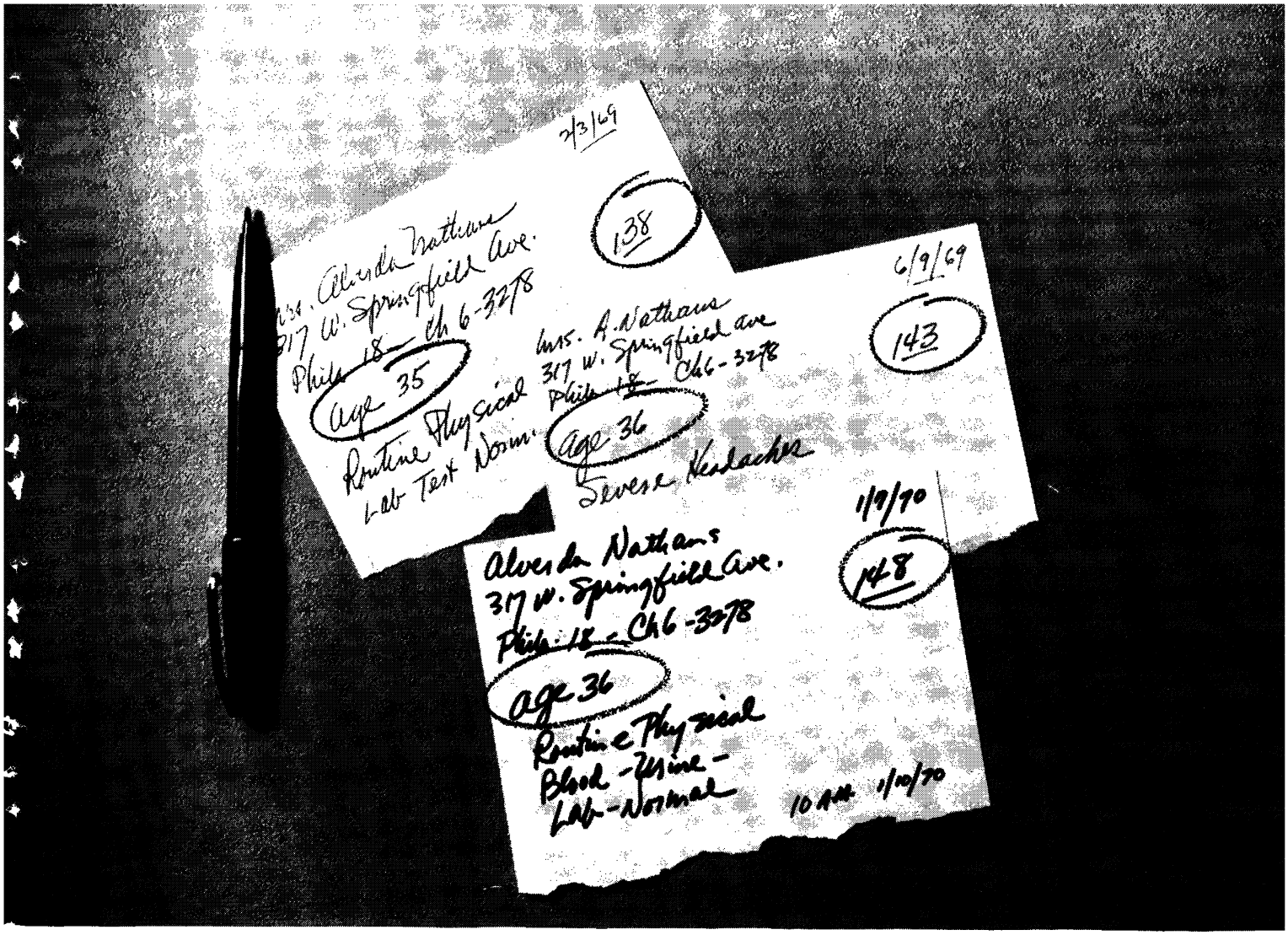

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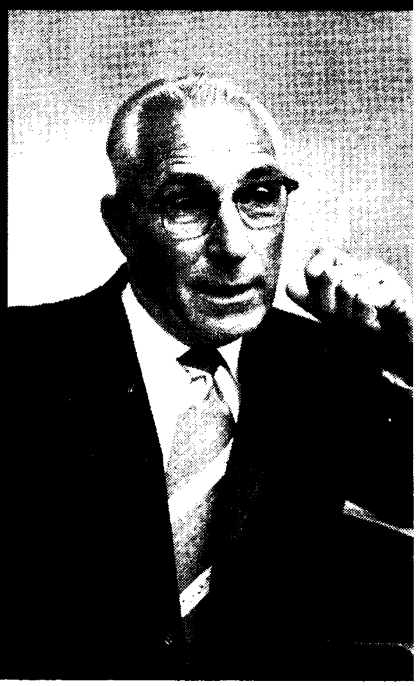


A family doctor looks at new developments in the pharmaceutical industry. And he speculates on the future.

When I look back at some of my old records, I'm constantly reminded of the changes that have come about in medicine just during the past twenty-five years. Some of the diseases I treated and prayed over in the '40's are found mostly in medical history books now.

Thanks to drug research and development, we've made substantial gains in the control of cardiovascular disease, diabetes, malaria, mental illness, strep and staph infections, meningitis and a long list of ailments. It seems like only yesterday when a diagnosis of pneumonia was almost the kiss of death. Now, with modern medical techniques and drug therapy, we can offer some real help.

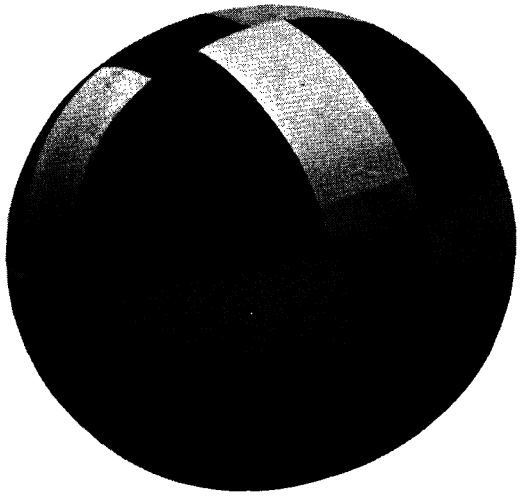
My records on polio, influenza and measles show an unbelievable trend for the better. New vaccines have reduced the toll of these age-old threats dramatically. And I see patients in pain from crippling arthritis helped with new medicinals unknown just a few years ago.

I hear questions about the three billion or so dollars spent by the drug industry in research during the past ten years . . . working on new and better drug products. It does seem like quite a bit of money to spend, and I realize some of it goes into dead ends. That's the problem with research, any research . . . you often don't know where you're going until you get there. I want all the tools I can get to help my patients. I want more drugs and more effective drugs. If they mean less pain, longer lives and more productive careers for those I treat . . . well, that's what really counts.

Another point of view . . .
Pharmaceutical Manufacturers Association, 1155 Fifteenth Street, N.W., Washington, D.C. 20005.

IN G.U. THERAPY
Does not create problems...

SOLVES THEM
WITH FIRST DOSE PAIN RELIEF



Urised is a problem solver; it brings patient comfort with first dose pain relief. Unlike newer antibiotics or sulfonamides, Urised does not create problems. It has a time tested record of minimal side effects. For over 50 years, Urised has created physician and patient confidence by providing effective therapy when needed.

FIRST DOSE PAIN RELIEF

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For G.U. Frequency–Urgency–Burning

Clinically effective for G.U. Therapy [1-5]

- **CYSTITIS**
- **PYELITIS**
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- **URETHRITIS**

Each blue-coated tablet contains active:

Atropine Sulfate	0.03 mg.	Methylene Blue	5.4 mg.
Hyoscyamine	0.03 mg.	Phenyl Salicylate	18.1 mg.
Methenamine	40.3 mg.	Benzoic Acid	4.5 mg.

Caution: Federal Law prohibits dispensing without a prescription.

Precautions: Administer with caution to persons with known idiosyncrasy to atropine and cardiac disease. While under this therapy the urine is blue; patients should be so advised to allay apprehension.

Side Effects: Neither irritation nor untoward reactions have been reported; however, if pronounced dryness of the mouth, flushing, or difficulty in initiating micturition occurs, decrease dosage. If rapid pulse, dizziness or blurring of vision occurs, discontinue use immediately. Acute urinary retention may be precipitated in prostatic hypertrophy.

Contraindications: Glaucoma, urinary bladder neck or pyloric obstruction, duodenal obstruction and cardiospasm. Hypersensitivity to any of the ingredients.

Administration and Dosage: Adults: Two tablets, orally, four times per day, followed by liberal fluid intake. Older Children: Reduce dosage in proportion to age and weight.

How Supplied: Bottles of 100, 500 and 1,000 tablets.

References: (1) Sands, R. X.: New York St. J. Med. 61:2598-2602, 1961; (2) Renner, M. J., et al.: Hosp. Topics 39:71-73, 1961; (3) Haas, Jr., J., and Kay L. L.: Southwest. Med. 42:30-32, 1961; (4) Marshall, W.: Clin. Med. 7:499-502, 1960; (5) Strauss, B.: Clin. Med. 4:307-310, 1957.

CONAL PHARMACEUTICALS, INC.
CHICAGO, ILLINOIS 60640

MANUFACTURERS OF URICEUTICAL® SPECIALTIES

MJ-GP-Z


Some days she can't seem
to function..

other days she doesn't even try

In the treatment of depression, Aventyl HCl as part of your total therapy often brings early symptomatic improvement. Aventyl HCl aids in renewing motor function and increasing interest in life. Patients may report that they eat more, enjoy undisturbed sleep . . . generally begin to function better. Relief from their most distressing symptoms helps them "open up" and ventilate their problems.

In depression

AVENTYL® HCl

NORTRIPTYLINE HYDROCHLORIDE

Description: Aventyl HCl is a safe and effective agent for treatment of mental depression, anxiety-tension states, and psychophysiological gastro-intestinal disorders. It is not a monoamineoxidase (MAO) inhibitor.

In laboratory animals, anticholinergic effects of Aventyl HCl are milder than those of related antidepressants.

Indications: Depressive reactions (alone or accompanied by anxiety) associated with such presenting symptoms as depression, anxiety, tension, insomnia, restlessness, disinterest, and irritability.

Psychophysiological gastro-intestinal disorders and symptomatic reactions in childhood (e.g., enuresis).

Contraindications: Hypersensitivity to the drug; concurrent use with a MAO inhibitor or use within two weeks after the MAO inhibitor is discontinued.

Warnings: Use in convulsive or hypotensive states should be closely followed by the physician.

At present, data are insufficient to recommend the drug during pregnancy. The possibility of a suicidal attempt in a depressed patient should always be considered.

There have been rare reports of agranulocytosis, jaundice, hypotension, tremor, urinary retention, thrombocytopenic purpura, and paralytic ileus. Periodic laboratory studies are recommended.

Cardiovascular complications, including myocardial infarction and arrhythmias, have been reported occasionally with related drugs. Patients with cardiovascular disease should be given Aventyl HCl under close observation and in low dosage. This drug, like members of its group, tends to produce sinus tachycardia and to prolong the conduction time, as manifested by first-degree AV block.

Precautions: Because of its anticholinergic activity, Aventyl HCl should be administered cautiously in patients with glaucoma or a propensity for urinary retention. Use Aventyl HCl with care in conjunction with sympathomimetic or anticholinergic drugs. Epileptiform seizures or troublesome patient hostility may occur. Aventyl HCl used alone in schizophrenic patients may result in an exacerbation of the psychosis.

Concomitant use of Aventyl HCl and ECT (with or without atropine, short-acting barbiturate, and muscle relaxant) has not been thoroughly studied. If these treatments are used together, the physician should be aware of possible added adverse effects.

Patients should be warned about the possibility of drowsiness if they operate dangerous machinery or drive a vehicle. Concurrent ingestion of other C.N.S. drugs or alcohol may potentiate the adverse effects of Aventyl HCl.

Patients receiving a tricyclic antidepressant (e.g., nortriptyline) may respond poorly to hypotensive agents such as guanethidine.

Adverse Reactions: The following have been observed or reported following the use of Aventyl HCl: dryness of mouth, drowsiness, constipation, dizziness, tremulousness, confusional state, ataxia, disorientation and hallucinations, restlessness, weakness, precipitation of hypomanic or manic state, tachycardia, blurred vision, epigastric distress, sweating, peculiar taste, blacktongue, fatigue, excess weight gain or weight loss, insomnia, headache, paresthesia, nausea and vomiting, adynamic ileus, rash, itching, delayed micturition, hunger sensation, flushing, diarrhea, nocturia, inner nervousness, anxiety and panic, ankle and orbital edema, hypotension, hypertension, impotence, nightmares, palpitation, numbness, peripheral neuropathy, photosensitization, extrapyramidal symptoms, and increased or decreased libido.

Habituation or withdrawal symptoms have not been reported.

Administration and Dosage: Aventyl HCl is administered orally as Pulvules® or liquid. Dosage should be individualized. The following general principles are applicable.

Aventyl HCl is preferably given in gradually increasing doses: 1 Pulvule (10 mg.) twice the first day, 1 Pulvule three times the second day, and 1 Pulvule four times daily thereafter.

If neither beneficial nor adverse effects are seen after five to seven days with 10 mg. four times a day, the patient can be given 25 mg. twice the first day, 25 mg. three times the second day, and 25 mg. four times daily thereafter.

If minor side-effects develop, reduce the dosage. If side-effects of a more serious nature or allergic manifestations develop, discontinue the drug.

For mild symptoms of a depressive nature, give 10 mg. three or four times a day; for severe depressions, 100 mg. daily.

Dosages above 100 mg. daily seem to induce no greater degree of clinical response, but side-effects may increase.

Usual Recommended Dosage

ADULTS—20 to 100 mg. daily

Pulvules: 25 mg.—1 Pulvule one to four times daily
10 mg.—1 or 2 Pulvules one to four times daily

Liquid: 1 to 2 teaspoonfuls (5 to 10 cc.) one to four times daily

CHILDREN—1 to 2 mg. per Kg. or 10 to 75 mg. daily

Pulvules: 25 mg.—Ages seven to twelve, 1 Pulvule one to three times daily
10 mg.—Ages three to six, 1 Pulvule one to three times daily
Ages seven to twelve, 1 or 2 Pulvules one to three times daily

Liquid: Ages three to six, 1 teaspoonful (5 cc.) one to three times daily
Ages seven to twelve, 1 to 2 teaspoonfuls (5 to 10 cc.) one to three times daily

Maintenance medication is necessary until it is evident that the depression cycle has run its spontaneous course. This assumption may be based upon the history of previous depressions, the removal of the precipitating factors in the environment, or a recognition that the patient is able to manage his affairs. It is advisable to continue maintenance therapy for several months after improvement.

How Supplied: Liquid Aventyl® HCl (nortriptyline hydrochloride, Lilly), 10 mg. (equivalent to base) per 5 cc., in pint bottles.

Pulvules Aventyl HCl, 10 and 25 mg. (equivalent to base), in bottles of 100 and 500. [08166BA]

Additional information available upon request.

Lilly

ELI LILLY AND COMPANY • INDIANAPOLIS, INDIANA 46206

000219

Electromyographic evidence of muscle relaxation

In patients with nerve root pressure syndromes, cervical and low back strains, osteoarthritis, and fibromyositis, one of the important objectives is relief of the painful muscle spasms which can become self-perpetuating and hinder further therapy. The effectiveness of Valium® (diazepam) as a skeletal muscle relaxant was demonstrated in a controlled electromyographic study that compared the muscle relaxant effects of Valium and a placebo in 20 patients.*

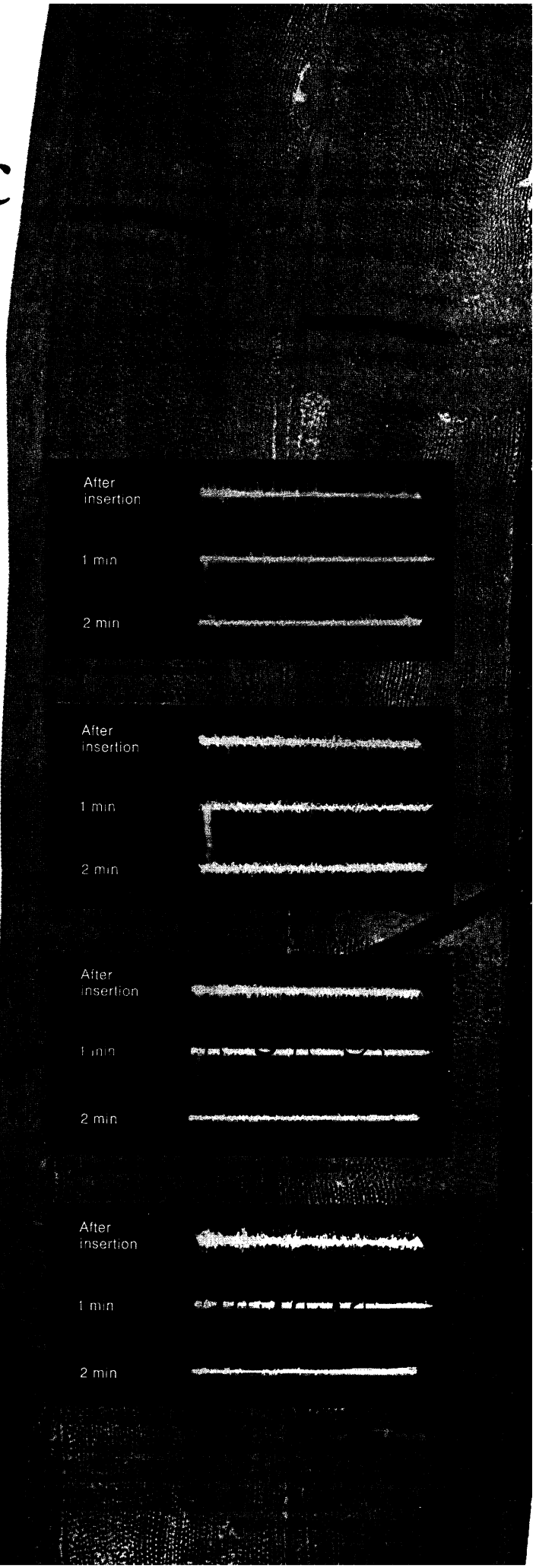
With needle electrodes placed in the patients' fibrositic nodules (the so-called "trigger areas"), EMG recordings were made prior to and 15 to 20 minutes after an intramuscular injection of 1 ml (5 mg) Valium or placebo. Patients were then placed on oral Valium, 2 mg *t.i.d.* for one week, after which EMG tracings were again recorded.

Muscle relaxation was evident from the EMG patterns in all cases after Valium was injected. After 15-20 minutes, marked reduction of electrical activity was demonstrated by a lesser number of motor unit discharges and lower voltage. Observations for up to an hour following placebo administration showed no significant change in the electrical activity. EMG tracings after a week of oral Valium were approximately the same as those following parenteral administration.

Patients' subjective responses correlate well with EMG findings

The patients' reports of decreased tenderness of the affected muscles and increased mobility of the involved muscle groups generally correlated well with the objective evidence of muscle relaxation effected by Valium.

*Arroyo, P., Jr.: *J. Florida Med. Assoc.*, *53*:29, 1966.



Please see last page of this advertisement for prescribing information.


Valium (diazepam)
to help break the spasm-pain cycle
in skeletal muscle spasm

Valium®(diazepam)

Effective skeletal muscle relaxant... useful adjunct in total management of musculoskeletal disorders

Helps increase range of mobility, thus facilitating return to more normal activity

For relief of psychic tension, often a significant and complicating factor in musculoskeletal disorders

Prompt onset of action

Generally well tolerated: most common side effects—drowsiness, fatigue, ataxia

Flexible dosage

An *h.s.* dose facilitates sleep in tension-induced insomnia

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in: skeletal muscle spasm due to reflex spasm to local pathology; spasticity caused by upper motor neuron disorders; athetosis; stiff-man syndrome. Injectable form may also be used adjunctively in status epilepticus and severe recurrent seizures; anxiety prior to gastroscopy, esophagoscopy, and surgical procedures; cardioversion (I.V.); tetanus.

Contraindications: Use of Injectable in infants and tablets in children under 6 months of age; known hypersensitivity to drug; acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: *Tablets:* Not of value in treatment of psychotic patients, and should not be employed in lieu of appropriate treatment. As with most CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.,* operating machinery, driving). When using oral adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increase in dosage of standard anticonvulsant medication; abrupt withdrawal in such cases may also be associated with temporary increase in frequency and/or severity of seizures. Advise patients against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance. Keep addiction-prone individuals (such as drug addicts or alcoholics) under careful surveillance because of their predisposition to habituation and dependence. Use of any drug in pregnancy, lactation or in women of childbearing age requires that potential benefit be weighed against possible hazard. *Injectable:* I.V. should be injected slowly, directly into vein, taking at least one minute for each 5 mg (1 ml) given; do not mix or dilute with other solutions or drugs; do not add to I.V. fluids. Rare report of apnea or cardiac arrest noted usually following I.V. administration, especially in elderly or very ill and those with limited pulmonary reserve; duration is brief; resuscitative facilities should be available. Not recommended as the sole treatment for psychotic or severely depressed patients; should not be administered to patients in shock, coma, or in acute alcoholic intoxication with depression of vital signs.

Precautions: If combined with other psychotropics or anticonvulsants, carefully consider individual pharmacologic effects—particularly with known compounds which may potentiate action of Valium such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants. Employ usual precautions in the severely depressed or in those with latent depression; suicidal tendencies may be present and protective measures necessary. Observe usual precautions in impaired renal or hepatic function. Limit oral dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation (initially 2 to 2½ mg once or twice daily, increasing gradually as needed or tolerated). *Injectable:* Not recommended for bronchoscopy, laryngoscopy, obstetrical use, or in diagnostic procedures other than gastroscopy and esophagoscopy; laryngospasm is a possible reaction during gastroscopy and necessary countermeasures should be available; drug has produced hypotension or muscular weakness particularly when used with narcotics, barbiturates or alcohol; since effect with narcotics may be additive, appropriate reduction in narcotic dosage is possible; use lower doses (2 to 5 mg) for elderly and debilitated; safety and efficacy in children under 12 not established.

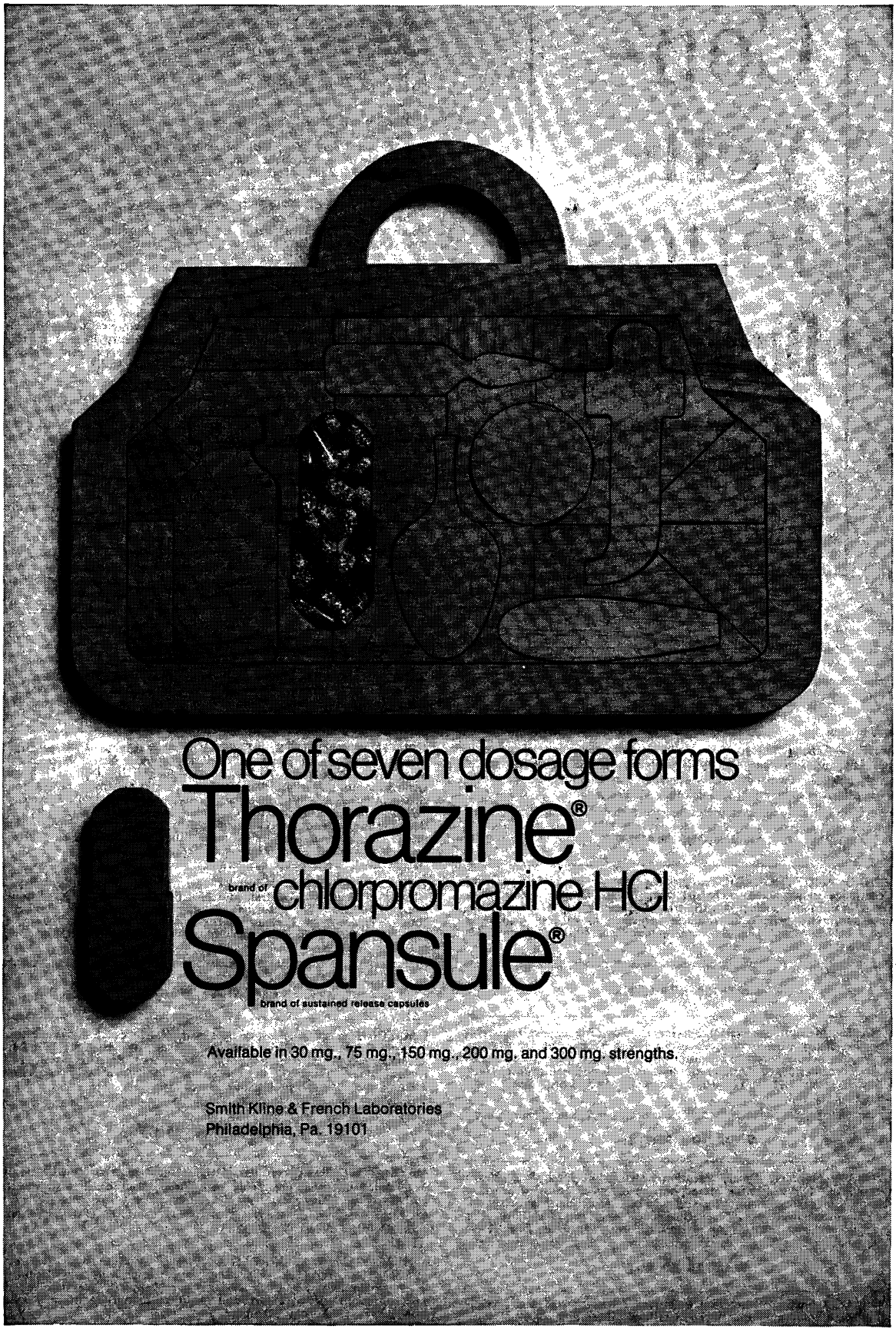
Adverse Reactions: Side effects most commonly reported: drowsiness, fatigue and ataxia. Infrequently encountered: confusion, constipation, depression, diplopia, dysarthria, headache, hypotension, incontinence, jaundice, changes in libido, nausea, changes in salivation, skin rash, slurred speech, tremor, urinary retention, vertigo and blurred vision; with Injectable, hiccups, hypoactivity, phlebitis at injection site, syncope and urticaria. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances and stimulation have been reported; should these occur, use of the drug should be discontinued. Because of isolated reports of neutropenia and jaundice, periodic blood counts and liver function tests are advisable during long-term therapy. Minor changes in EEG patterns (low-voltage fast activity) observed during and after therapy and are of no known significance.

Dosage: Individualize for maximum beneficial effect. ORAL—*Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months). INJECTABLE—Usual initial adult dose is 2 to 10 mg I.M. or I.V., depending on indication for use. Lower doses (usually 2 to 5 mg) with slow dosage increase for elderly or debilitated patients and when sedative drugs are added. (See Precautions and Adverse Reactions.) In gastroscopy and esophagoscopy, 5 to 10 mg I.M. or I.V., 30 minutes prior to procedure. As preoperative medication, 10 mg, I.M., 1 to 2 hours before surgery. In cardioversion, 5 to 15 mg, I.V., within 5 to 10 minutes prior to procedure. Give I.V. injections slowly; take at least 1 minute for each 5 mg (1 ml).

In acute conditions injection may be repeated within 1 hour, although interval of 3 to 4 hours is usually satisfactory; not more than 30 mg should be given within 8-hour period. Once acute symptomatology has been properly controlled with injectable form, patient may be placed on oral form if further treatment is required.

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All Strengths also available in Tel-E-Dose™ packages of 1000. Valium® (diazepam) Ampuls, 2 ml; boxes of 10. Each ml contains 5 mg diazepam, compounded with 40% propylene glycol, 10% ethyl alcohol, 5% sodium benzoate and benzoic acid as buffers, and 1.5% benzyl alcohol as preservative.

ROCHE
Roche
LABORATORIES
Division of Hoffmann-La Roche Inc.
Nutley, New Jersey 07110


One of seven dosage forms
Thorazine®
brand of chlorpromazine HCl
Spansule®
brand of sustained release capsules
Available in 30 mg., 75 mg., 150 mg., 200 mg. and 300 mg. strengths.
Smith Kline & French Laboratories
Philadelphia, Pa. 19101

(Continued from page 23)

LOCUM TENENS

WANTED—Central San Joaquin Valley, small town, general practice. No OB and little surgery. Well staffed and well equipped office. Spanish helpful. Two-four weeks summer 1970, $500.00 per week. Send application to Box 9213, California Medicine.

SITUATIONS WANTED

CARDIAC AND THORACIC surgeon, extensive successful practical experience in all areas, including open heart. Double certification. Seeks relocation in California with ethical clinic, group or partnership arrangement with general or thoracic surgeons, or others. California license. Middle aged. Family man in excellent health. Box 9222, California Medicine.

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ON CALL. Medical Secretarial Service is providing expert transcription for many of your colleagues in the S.F. Bay Area. We are specialists in hospital, records, transcription, research papers and medical-legal correspondence. Automatic type and telephone dictation available. Call today (415) 421-8690, or write 450 Sutter Street, San Francisco.

VACATION RENTAL

HAWAIIAN (Manalei, Kauai) Vacation beach home for only $500.00 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Available May, September 1970 through May 1971, inclusive. Weekly rate $150.00. For details, pictures and information write California Medicine, Box 9194.

WANTED TO BUY

PATHOLOGY GROUP interested in buying all or part of active clinical laboratory. Reply Box 9219, California Medicine.

OFFICES FOR LEASE, RENT OR SALE

SAN FRANCISCO, CALIFORNIA—Excellent prestigious Sutter Street location in completely refurbished six story Medical Building with outstanding medical tenants. Rent or lease at very reasonable rates. Several suites with up to 1100 square feet available now. Reply: Draper Financial Corporation, Russ Building, San Francisco, Calif. 94104, (415) 989-5600.

MODERN MEDICAL SUITES in busy, well established 20-plus-man medical center, 710, 750 and 780 square feet. Area needs Pediatrician, General Physician, Ophthalmologist, Dermatologist and Allergist. Reasonable rent, excellent medical and living area. John E. Teverbaugh, M.D., 2250 Monument Boulevard, Pleasant Hill, Ca. 94523.

URGENTLY NEED PHYSICIANS. Presently no practitioners in this beautiful high income community (20,000 population). Golden opportunity. Free rent until established. Modern medical office in shopping center at East entrance University California, Riverside. Near all recreational, professional activities. Extremely successful practice assured. Contact Dr. Burns, 4128 Paramount Blvd., Lakewood, Calif. 90712. Phone (213) 425-6463.

MORAGA MEDICAL CENTER. Three spacious new air-conditioned suites available just 15 minutes from downtown Oakland-Berkeley. Moraga's first medical-dental building conveniently located in rapidly growing suburban community. Medical practitioners needed. Call Clark Wallace, 376-5151, 1398 Moraga Way, Moraga, Calif.

RENT OR LEASE centrally located, fully equipped office. Large enough to accommodate two men. Deceased owner used for large general practice for 25 years. Excellent opportunity for good practice in desirable living area. Mrs. Vernon Padgett, 314 South Church, Grass Valley, Ca. 94945.

SANTA BARBARA, CALIF. Established ultra-modern 20-suite Med. Center Bldg. in excellent location near hospitals. Inquiries confidential. John M. Richards, M.D., 1919 State St., Santa Barbara, Ca. 93101, (805) 963-1311.

OAKLAND. Available, mornings, for obstetrician-gynecologist or possibly other specialist, new air-conditioned office with two examining rooms, private lavatory, on Medical Hill, with services of experienced secretary-assistant. Please telephone (415) 893-0644 after 1:30 p.m.

PRACTICES FOR SALE

SANTA BARBARA—Busy, well established women's-children's practice for sale due to retirement. Above average gross. Will introduce. In air conditioned Medical Center Building, well located. Reply: Helen Hart, M.D., 1919 State Street, Santa Barbara, Ca. 93101.

OPHTHALMOLOGISTS, ATTENTION — Private solo practice in ophthalmology in Southern California's most beautiful coastal city, smog free. Population 70,000, drawing area 200,000. 21 years in same location. Over 4,000 active patient records, most return for annual examinations. Will introduce on planned retirement. Private office building and parking lot, ideal location one block from new $14,000,000 hospital. Moderate cash investment required to transfer valuable office real estate, modern office furnishings and equipment. Terms on balance as desired. Box 9197, California Medicine.

OVER 30 GENERAL, industrial and specialty medical practices for sales in Southern, Central, and Northern California. Some grossing over $200,000. For information or placement on free mailing list contact Professional Practice Sales, 17411 Irvine Blvd., Tustin, Ca., (714) 832-0230. Branch offices in New York, Florida, Ohio, Oregon and San Francisco.

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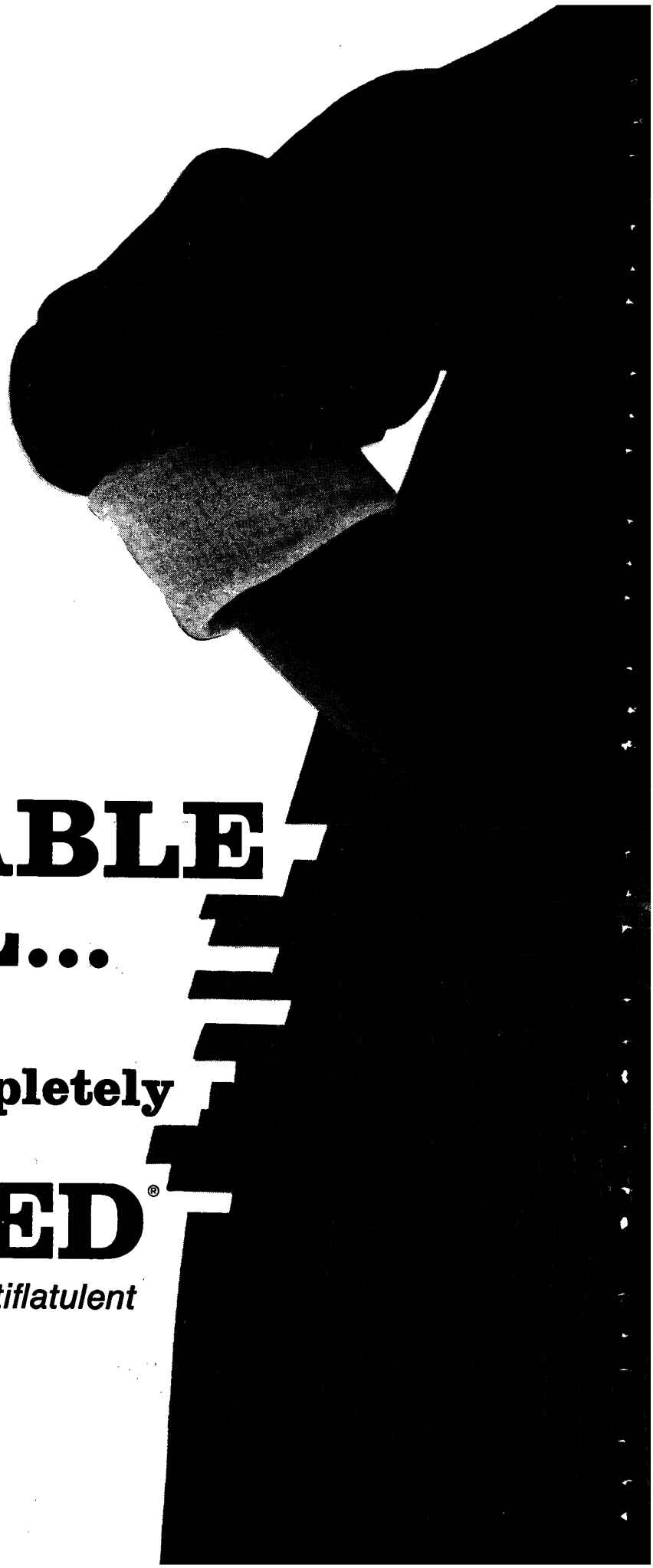
CALIFORNIA MEDICAL practices wanted. Licensed broker specializing in sale of medical practices. Over 400 buyers. We handle advertising and all negotiations. Professional Practice Sales, 17411 Irvine Blvd., Tustin, Ca., (714) 832-0230. Strictly confidential. Serving the medical professional since 1966.

ASSOCIATES WANTED

46-YEAR-OLD Board certified internist seeks association with younger qualified internist, preferably with formal training in a subspecialty. University of California, Irvine nearby. Worth investigating. Write for further details. Contact: Garth F. Tagge, M.D., 100 East Valencia Mesa Drive, Fullerton, Ca. 92632.

YOUNG GENERAL PRACTITIONER to associate with two active M.D.s (one F.A.C.S.). Excellent coastal town with population area of approximately 25,000. Modern new hospital, planned for 150 beds. Modern intensive care and cardio-pulmonary units now in use. Box 9221, California Medicine.



IRRITABLE BOWEL...

Now...more completely controlled with KINESED®

antispasmodic/sedative/antiflatulent

KINESED®

□ With belladonna alkaloids—for the hyperactive and spastic bowel

□ With phenobarbital—for associated anxiety and tension

□ With simethicone—for accompanying gas discomfort

Composition
Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Contraindications
Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions
Administer with caution to patients with incipient glaucoma, bladder neck obstruction. Prolonged use of barbiturates may be habit-forming.

Side effects
Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage
Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

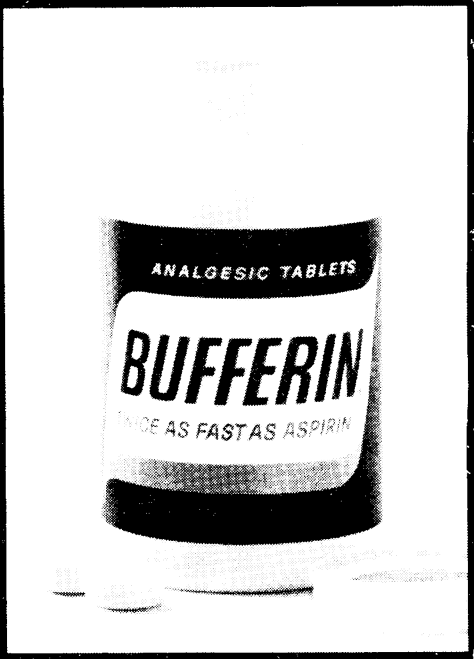
Stuart

Division/Pasadena, Calif. 91109
ATLAS CHEMICAL INDUSTRIES, INC.

Compared to the general patient population,

Rheumatoid arthritics were reported 2½ to 9 times more prone to G.I. intolerance with plain aspirin[1].

But no G.I. intolerance with Bufferin for most arthritics[2].

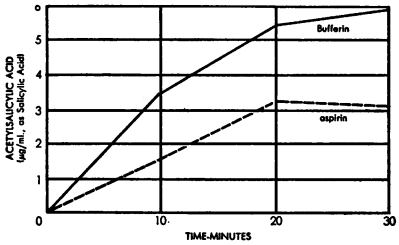


The high incidence of G.I. intolerance to plain aspirin was revealed from hospital records comparing rheumatoid arthritics to the general patient population.[1] A two-part study reported in an article[2] in the *Journal of the American Medical Association* investigated this problem to determine if Bufferin® would be better tolerated by arthritics.

The first part dealt with 37 hospitalized rheumatoid arthritics with proved intolerance to aspirin. In a double-blind crossover test, alternating regimens of aspirin and Bufferin (2 tabs. 4 times a day while awake) were administered. Of the 37, twenty-six responded to Bufferin without significant gastrointestinal problems. In the second part, 25 of these same 26 arthritics participated in a long-term management study using Bufferin.

In this single-modality test, 24 out of 25 arthritics with proved aspirin intolerance took a regimen including Bufferin* (2 tabs. q.i.d.) from 4 to 18 months with no significant gastrointestinal distress.

Achieve higher pure acetylsalicylic acid blood levels faster with Bufferin.



In a series of tests,[3] blood levels were measured which compared Bufferin with plain aspirin. In the first minutes, Bufferin produced blood levels of pure acetylsalicylic acid averaging almost twice those of plain aspirin tablets.

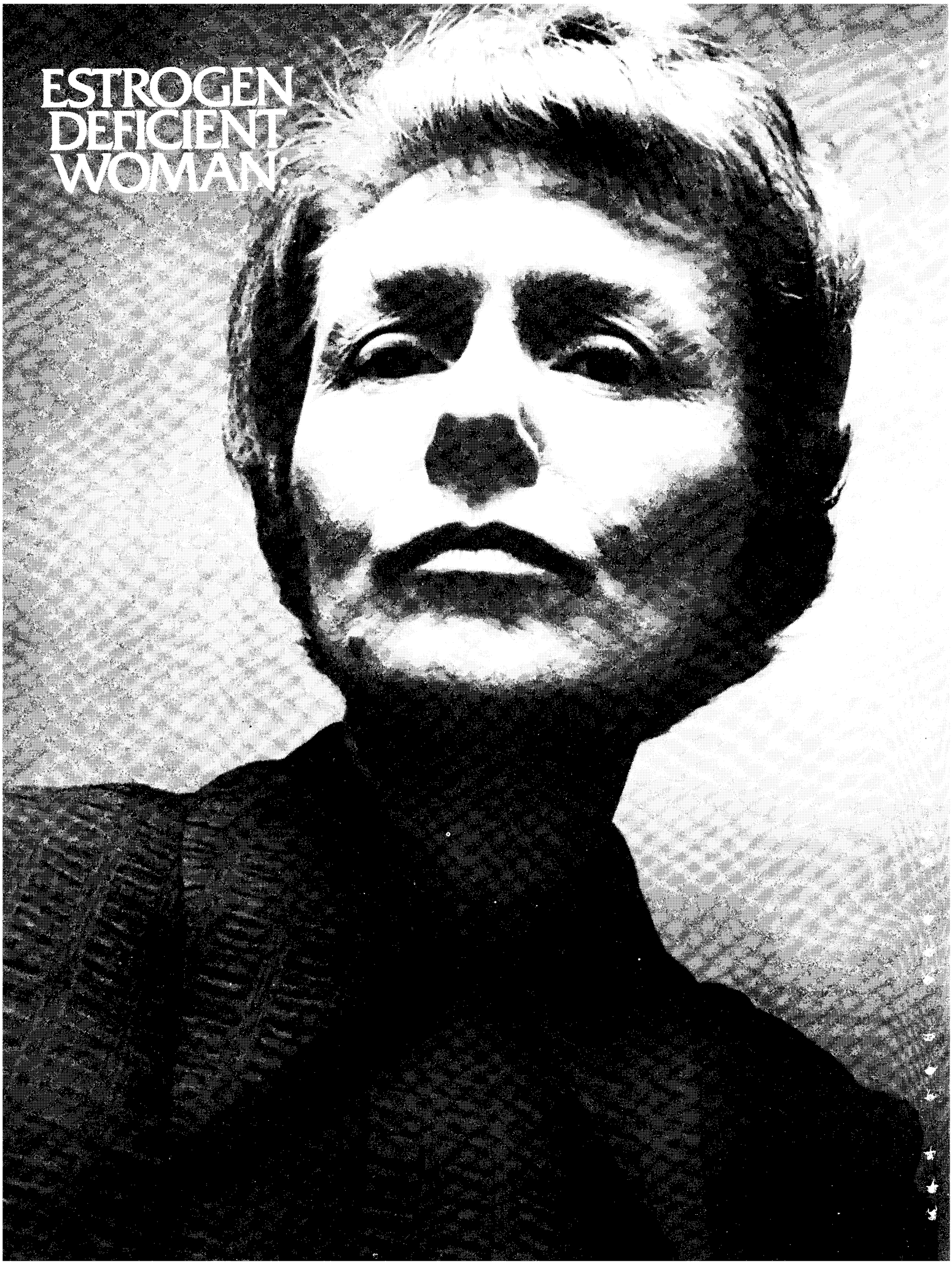
Bufferin can give arthritis sufferers the benefit of higher pure acetylsalicylic acid levels faster. And without undue risk of gastrointestinal problems.

Composition: Each tablet contains aspirin 5 Gr., and the antacid Di-Alminate® (Bristol-Myers' brand of Aluminum Glycinate and Magnesium Carbonate).

*Majority of patients studied received long-term therapy consisting of physiotherapy, dietary adjuncts, and in some instances, gold salts.

[1,2]Fremont-Smith, Paul, *JAMA*, 159:386-388, June 4, 1955.

[3]Truitt, Edward B., Jr., and Morgan, Ann M., *Journal of Pharmaceutical Sciences*, 54 No. 11:1640-1646, 1965.


ESTROGEN
DEFICIENT
WOMAN:

You see her from 45 to 55 with

hot flushes
night sweats
fatigue
headache
palpitations
emotional distress

TREAT HER WITH PREMARIN (conjugated estrogens—equine). PREMARIN offers specific, effective replacement therapy for relief of menopausal symptoms—both physical and emotional—due to estrogen deficiency. It usually provides a "sense of well-being"...helps many patients maintain a more positive outlook.

KEEP HER ON PREMARIN (conjugated estrogens—equine). Continued use of PREMARIN after menopausal symptoms have abated can help protect against further degenerative changes related to estrogen deficiency—changes that often begin in the reproductive organs and extend rapidly to body tissues and skeleton.

REPLACEMENT THERAPY AT ANY STAGE. The estrogen deficient woman can benefit from long term replacement therapy with PREMARIN *at any stage*—whether she is 45 and suffering symptoms of the menopause...a grandmother of 60 with atrophic vaginal tissue...or an even more elderly patient with osteoporosis. PREMARIN therapy is remarkably well tolerated, and relatively inexpensive.

BRIEF SUMMARY

PREMARIN® (conjugated estrogens—equine).

Indication: PREMARIN is specific for replacement therapy of the estrogen deficiency state characteristic of the menopause and the postmenopause.

Caution: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.

Suggested Usual Dosage: Menopausal and postmenopausal estrogen deficiency—PREMARIN: 1.25 mg. to 3.75 mg. daily, depending on severity of symptoms. Dosage should be tailored to individual needs of patient. Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

Note: If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. Continue this individualized dosage in subsequent cyclic regimen. *Failure to control bleeding or unexpected recurrence is an indication for curettage.*

Atrophic vaginitis, pruritus vulvae: Cyclically, 1.25 mg. to 3.75 mg. or more is given, depending on tissue response of individual patient.

Available in 4 potencies: *Tablets*—No. 865—2.5 mg. (purple); No. 866—1.25 mg. (yellow); No. 867—0.625 mg. (red); and No. 868—0.3 mg. (green). In bottles of 100 and 1,000.

AYERST LABORATORIES
New York, N.Y. 10017

Ayerst®

7024

therapy for all stages of estrogen deficiency

NATURAL ESTROGEN THERAPY

PREMARIN®

BRAND OF

CONJUGATED ESTROGENS (equine)

No matter how they get "swimmer's ear"

Here's a therapeutic regimen made for the occasion. Four drops *t.i.d.* of COLY-MYCIN® S OTIC with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension); or, prophylactically—4 drops before and after swimming.

No matter how they get "swimmer's ear," here's the sort of result you may anticipate:

94% success in treating "swimmer's ear"

85% success in prophylactic management

In fact, COLY-MYCIN® S OTIC with Neomycin and Hydrocortisone is the only otic preparation you can prescribe for all these clinical features:

Quick (within 24 hours) relief of pain and discomfort

Hydrocortisone acetate—to control tender, aching, itching ear canal.

Specific action to eliminate the bacterial cause

COLY-MYCIN S (colistin sulfate)—bactericidal to combat *Pseudomonas aeruginosa, Escherichia coli,* Klebsiella and Aerobacter.

Neomycin sulfate—bactericidal against Staphylococcus, beta-hemolytic streptococci, and *Proteus sp.*

High degree of effectiveness

Thonzonium bromide, an efficient wetting agent—in an aqueous vehicle—to allow close tissue contact and thus enhance the activity of the other components.

Buffered to pH of 5—to help restore normal acidity and antibacterial integrity of the ear canal.

COLY-MYCIN® S OTIC with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension).

Indications: COLY-MYCIN S OTIC with Neomycin and Hydrocortisone (colistin sulfate – neomycin sulfate – thonzonium bromide – hydrocortisone acetate otic suspension) is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear."

Contraindication: A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella.

Precautions: If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long-standing otitis media because of the possibility of ototoxicity caused by neomycin.

There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin.

Adverse Reactions: A low incidence of mild burning or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances.

Administration and Dosage: After the ear has been completely cleansed and dried, COLY-MYCIN S OTIC with Neomycin and Hydrocortisone (colistin sulfate – neomycin sulfate – thonzonium bromide – hydrocortisone acetate otic suspension) should be instilled (a sterile dropper is provided) into the canal or applied to the surface of the affected ear. Shake the suspension well before using.

The recommended therapeutic dosage of COLY-MYCIN S OTIC with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with COLY-MYCIN S OTIC with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension). The wick should be kept wet at all times.

The patient should be instructed to avoid contaminating the dropper, especially with the fingers. COLY-MYCIN S OTIC with Neomycin and Hydrocortisone (colistin sulfate – neomycin sulfate – thonzonium bromide – hydrocortisone acetate otic suspension) is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided.

How Supplied: COLY-MYCIN S OTIC with Neomycin and Hydrocortisone (colistin sulfate – neomycin sulfate – thonzonium bromide – hydrocortisone acetate otic suspension) is available in bottles containing 5 ml. or 10 ml. Each ml. contains 3 mg. of colistin base activity (as the sulfate), 3.3 mg. of neomycin base activity (as the sulfate), 10 mg. of hydrocortisone acetate, 0.5 mg. of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg./ml.) of thimerosal has been added as a preservative. Each package contains a sterile dropper.

Full information is available on request.

comprehensive therapy/prophylaxis of "swimmer's ear"

Coly-Mycin® S Otic

with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension)

WARNER-CHILCOTT Morris Plains, New Jersey 07950 CO-GP-01-2G

A "sleeping pill" for

the knight watch

Both men work at night. But only one is doing his job. Unfortunately it's the guy on the wrong side of the law. He's made the adjustment to a night-time profession.

But the watchman has insomnia, needs Doriden for a good day's sleep. On Doriden he'll usually get to sleep within 30 minutes, enjoy 4 to 8 hours of rest.

Doriden is fine for day people too, including the elderly, chronically ill, and hospitalized.

Even those with renal or pulmonary dysfunction. That's one reason it's the most widely prescribed non-barbiturate sedative. After a good day's sleep with Doriden, this night watchman might have a better chance against the crook with the evil eyes.

CIBA

Doriden®(glutethimide)

Doriden®(glutethimide)

INDICATIONS: For night-time, daytime, and preoperative sedation, as well as during first stage of labor.

CONTRAINDICATIONS: Known hypersensitivity to glutethimide.

WARNINGS: Caution patients about possible combined effects with alcohol and other CNS depressants. Do not operate machinery, drive motor vehicle, or engage in activities requiring complete alertness shortly after ingesting drug.

Dosage of coumarin anticoagulants may require adjustments during and on cessation of glutethimide therapy.

Physical and Psychological Dependence: Physical and psychological dependence have occurred. Prescribe cautiously for patients known to take excessive quantities of drugs. Limit repeated prescriptions without adequate medical supervision. Withdrawal symptoms include nausea, abdominal discomfort, tremors, convulsions, and delirium. Newborn infants of mothers dependent on glutethimide may also exhibit withdrawal symptoms. In the presence of dependence, dosage should be reduced gradually.

Pregnancy: Use of any drug in pregnancy or lactation requires weighing potential benefits against hazards.

PRECAUTIONS: Total daily dosage above 1 Gm is not recommended for continued administration. In presence of pain, which may counteract the sedative effect of glutethimide, an analgesic should also be prescribed.

ADVERSE REACTIONS: Withdraw glutethimide if a generalized skin rash occurs. Rash usually clears spontaneously 2 or 3 days after withdrawal. Occasionally, hemorrhagic or urticarial rash may occur. In recommended doses, there have been rare reports of nausea, hangover, paradoxical excitation, and blurring of vision. Rarely, acute hypersensitivity reactions, porphyria, and blood dyscrasias (thrombocytopenic purpura, aplastic anemia, leukopenia) have been reported.

DOSAGE: To avoid oversedation, individualize dosage. Not recommended for children under 12.

Night-time sedation: 0.25 to 0.5 Gm at bedtime. Repeat dose if necessary, but not less than 4 hours before arising.

Daytime sedation: 0.125 to 0.25 Gm t.i.d. after meals.

Preoperative sedation: 0.5 Gm the night before surgery; 0.5 to 1 Gm 1 hour before anesthesia.

First stage of labor: 0.5 Gm at onset of labor. Repeat if necessary.

SUPPLIED: *Tablets,* 0.5 Gm (white, scored); bottles of 100, 500, 1000 and Strip Dispensers of 100.

Tablets, 0.25 Gm (white, scored); bottles of 100 and 1000.

Tablets, 0.125 Gm (white); bottles of 100.

Capsules, 0.5 Gm (blue and white); bottles of 100.

Consult complete literature before prescribing.

CIBA Pharmaceutical Company
Summit, N.J.

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DIRECTORY

HOSPITALS • SANITARIUMS • REST HOMES

INDEX TO CALIFORNIA MEDICINE ADVERTISERS

You Can't Blame a Girl...

(when her husband's at fault)

Flagyl® brand of metronidazole

Cures Trichomoniasis in Both Women and Men

About half of all husbands of infected women harbor *Trichomonas vaginalis.**

Few of these men have symptoms. Even so, all are capable of perpetuating the infection and rendering treatment of a woman alone futile.

Only a systemically active medication like Flagyl is capable of reaching the hidden reservoirs of infection in the genitourinary tracts of both men and women.

Only Flagyl has been able to achieve rates of cure consistently above 90 per cent and often up to 100 per cent in trichomonal infections in both men and women.

Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.

Contraindications: Evidence of or a history of blood dyscrasia, active organic disease of the central nervous system and the first trimester of pregnancy.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. There is no accepted proof that Flagyl is effective against other organisms and it should not be used in the treatment of other conditions. Exacerbation of moniliasis may occur.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia,* exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, drowsiness, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, vaginal burning, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified.

Dosage and Administration: *In the Female.* One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male.* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

Dosage Forms: Oral tablets . . . 250 mg.
Vaginal inserts . . 500 mg.

*References available on request.

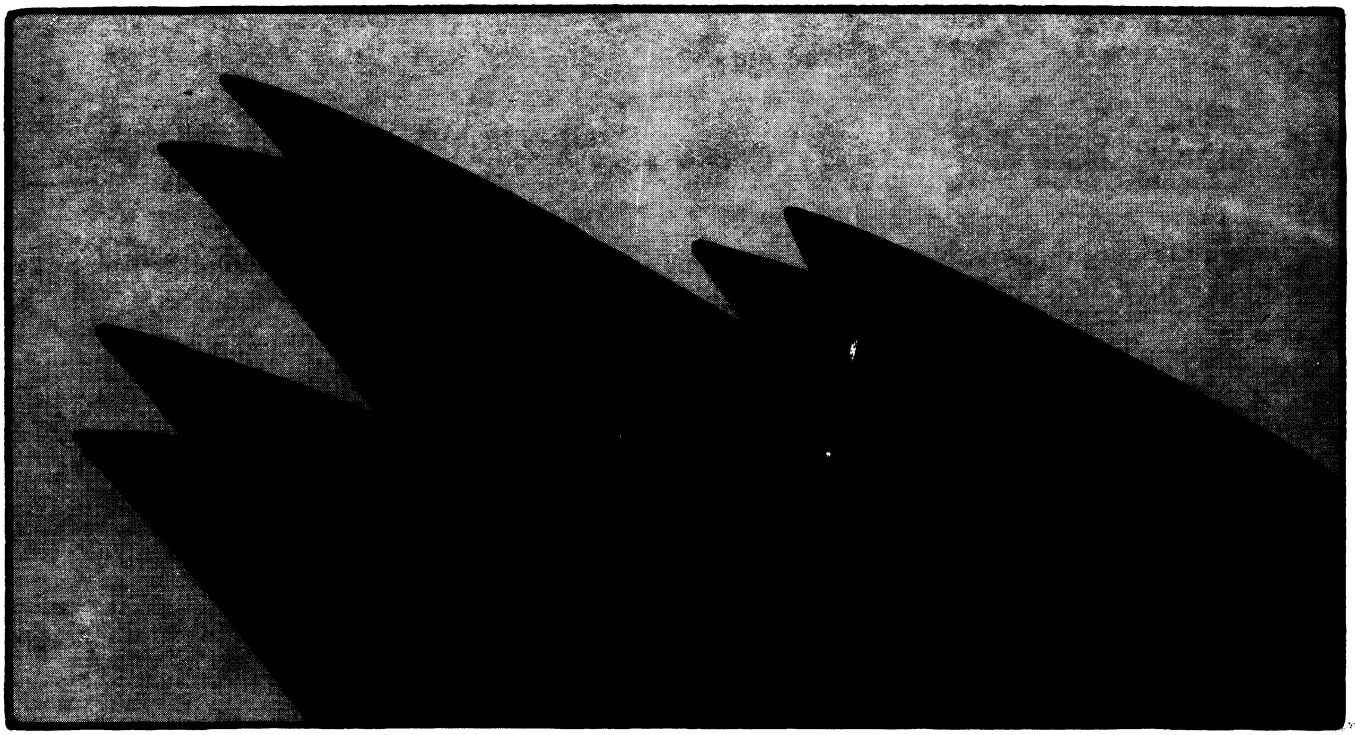
SEARLE P. O. Box 5110 Chicago, Illinois 60680 942

Research in the Service of Medicine

anxiety: the aggressor

Unless dealt with promptly, excessive anxiety can move in and take over the anxious patient's thinking and behavior, disrupting normal ability to function. In many patients, such anxiety can contribute to illness, exacerbate symptoms and retard recovery.

The antianxiety action of Librium (chlordiazepoxide HCl)—used adjunctively or alone—has demonstrated clinical usefulness in virtually every field of medical practice where anxiety complicates the patient's condition.



for the patient overwhelmed by anxiety

Librium®
(chlordiazepoxide HCl) 5-mg, 10-mg, 25-mg capsules

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated when anxiety, tension and apprehension are significant components of the clinical profile.

Contraindications: Patients with known hypersensitivity to the drug.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards.

Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.

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